



## IN-KIND DONATION FORM

Donor \_\_\_\_\_

Company / Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Donor's Estimated Value of Donation \$\_\_\_\_\_ (required for processing)

Description of donation (please be specific) \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Donor Restrictions, if any \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_  
(Texana Center Employee Name & Department)

**Send this In-Kind Donation form to:**

Resource Development Department  
Building B  
4910 Airport Avenue  
Rosenberg, TX 77471

Phone: 281.239.1428  
Fax: 281.232.6445

*Thank you for your generosity*