



In-Kind Donations

Taste of the Harvest to benefit the Linda E. Cardinale MS Center

September 14, 2018

Donor Name/Company (As you want it to appear in our publications)

Donor Contact Person

Solicitor (if applicable)

Address

City

State

Zip

E-mail

Phone No.

Fair Market Value: \$ _____

(This information is required by the IRS and must be filled in. Note: If gift value is more than \$5,000, the donor is responsible for having it appraised.)

Description of Item being donated: _____

Contingencies, blackout dates, special arrangements, etc.: _____

Display Items: (Please indicate if any display items need to be returned to donor) _____

Name, Email, & Telephone Number for the Winner to Contact: _____

- Gift or Certificate Enclosed
 Will deliver/send to CentraState by August 15, 2018
 CentraState to pick up
 Please make a gift certificate for me

Tax ID #: 22-238-3065

Please keep a copy for your records and send form to
foundation@centrastate.com or fax: 732-294-7110