



Planned Parenthood Columbia Willamette

In-Kind Donation Form

DONOR INFORMATION

Business Name: _____

Contact: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax: _____

E-Mail: _____ Web: _____

I/we would like to be listed in PPCW publications as:

I/we prefer to remain anonymous.

DONATION INFORMATION

Item: _____

Notes/Pickup instructions: _____

Estimated Value: \$ _____ Date: _____

Event Name: _____

Event Date: _____

Contributions to Planned Parenthood Columbia Willamette are tax-deductible.

Tax ID #93-6031270

Please retain a copy of this form for your records. Thank you!