



IN-KIND DONATION FORM

To be completed by donor

Name:

Address:

Phone:

City/State:

Email:

Zip:

How did you hear about us?

Description of donated item:

Donor's Estimate of Value

\$

Signature:

Date:

To be completed by KSS staff

Name of staff taking donation:

Program benefiting from donation/purpose of donation:

Code to:

1053 Soda Ridge Road
Keystone, CO 80435

t: 970.468.2098

f: 970.468.7769

keystonescienceschool.org