IN-KIND DONATION FORM



To be recognized on event signage and marketing collateral Please mail donations by April 1, 2025 to:

Walden Family Services

Attn: Amanda Nelson

8525 Gibbs Drive, Suite 100, San Diego, CA 92123

| Donor Name: | (Please list vou | r name as vou'd like it | to be published in event materials) | |
|------------------------------------------------|------------------|---------------------------|--------------------------------------------------|------------|
| Business Name: | | | to be published in event materials) | |
| Contact & Title: | | | | |
| Address: | | | | |
| City, State and Zip: | | | | |
| Phone: | | Fax: | | |
| Email: | | | | |
| Donation of: [] Gif | t Certificate | [] Merchandise | [] Other (please specify) | |
| Value: \$ | | Expiratior (please ext | n Date: | |
| Description: (please to printed on the auction | • | • | blackout dates, restrictions, etc. This informat | ion may be |
| Donation will be: | [] Mailed | [] Delivered | [] Picked up by Walden Committee or | Staff |

Thank you! Walden Family Services is deeply grateful for your support!

Please include this form with your donation and keep a copy for your tax records.

Questions? Please contact Philanthropy & Special Events Manager, Amanda Nelson at (801) 573-5741 or anelson@waldenfamily.org Walden Family Services is a 501(c)(3) organization. Tax I.D. #94-2358632