## **IN-KIND DONATION FORM**



To be recognized on event signage and marketing collateral Please mail donations by March 5, 2026 to: Walden Family Services
Attn: Amanda Ledford

Attn: Amanda Ledford 8525 Gibbs Drive, Suite 100, San Diego, CA 92123

Donor Name:	(List your nam	ne as you'd like it to be p	oublished in event materials)	
Business Name:	(List your nam	ne as you'd like it to be p	oublished in event materials)	
Contact & Title:				
Address:				
City, State and Zip:				
Phone:		Fax:		
Email:				
Donation of: [] Gi	ft Certificate	[] Merchandise	[ ] Other (please specify)	
Value: \$		Expiration (please exte	n Date:	<u>026</u> )
Description: (be spec printed on the auction			t dates, restrictions, etc. This information may be	
Donation will be:	[] Mailed	[ ] Delivered	[ ] Picked up by Walden Committee or Staff	 f

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