



Leadership Arlington In-Kind Donation Collection Form

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

DAYTIME PHONE NUMBER _____

DAYTIME FAX NUMBER _____

DESCRIPTION OF ITEM (S): _____

VALUE OF ITEM (S): \$ _____

SIGNATURE: _____

DESIGNATED EVENT *(if applicable)* _____

This information is used for audit purposes.

You may send your completed form to information@leadershiparlingtontx.org

Thank you for your prompt attention.