

2018 Wishmaker's Brunch In-Kind Donation Form

Make-A-Wish Central & Northern Florida 1020 North Orlando Ave., Suite 100 Maitland, FL 32751 Phone: (407) 622-4673

DONOR INFORMATION

Name of Company:			
Contact & Title:			
Address:			
City:	St:	Zip:	
Phone and email:			
DONATION INFORMATION (to be completed	l by donor)		
Date of donation:			
Description of donation:			_
Fair Market Value of donated item/services: OR	\$		
Discount given on item/service purchased by M	1ake-A-Wish \$		
Donor Signature:			
Committee Member/Solicitor:			

PLEASE RETURN FORM TO MAKE-A-WISH AT THE ABOVE ADDRESS OR FAX TO: (407) 622-5803

Questions? Contact Meaghan Kula, Development Specialist, mkula@wishcentral.org, 407-622-4673 x231

