

For APDA Office Use:

Recruiting Member: _____

Item # _____ Package #: _____

Certificate • Tangible • Both

Received • Create • Sending/Delivering •

Pick up by whom/when _____

MAGIC OF HOPE In-Kind Donation Form

Event Date: Saturday, March 14, 2020

Prefer to complete this form online? Visit: <https://apdawasc.ejoinme.org/DonateMOH2020>

Detailed item description (i.e. color, quantity, size, number of people, etc.):		
Special instructions/restrictions/redemption info:		
Retail value:	If bidding goes for value, are you willing to double your donation? Yes No	Expiration date:

Item delivery method (please select one):

- I will deliver or mail gift to APDA office by _____.
- I will have gift available for pick-up any time after _____.
- I would like the APDA to generate a certificate; **all details** must be included on this form.
- Certificate/item is attached.

Donating company/individual:

Name (as you want to appear in program):	
Contact person (if different from donor):	Title:
Mailing address:	
Email:	Phone number:
Signature:	Date:

All donations are tax-deductible to the extent allowed by law. Please retain a copy of this form for your records.
American Parkinson Disease Association Federal Tax ID# 13-1962771

Please return this form to APDA Northwest at the address or email below. All items and certificates must be received no later than Feb 14.

NORTHWEST CHAPTER

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