



In-Kind Donation Form

PO Box 83973, San Diego, CA 92138-3973
619.929.0829 | donations@choralclubofsd.org

CCSD Tax ID#: 46-0533969

Date: _____
Donor Contact Name: _____
Business Name: _____
Address: _____

Business Phone: _____
Home Phone: _____
Signature: _____

Attach Donor Business Card Here

Donor Listing for Program (if applicable): _____

Item Description	Item Value
1. _____ _____	_____ _____
2. _____ _____	_____ _____
3. _____ _____	_____ _____
4. _____ _____	_____ _____

Restrictions/Expiration, if any: _____

DO NOT WRITE BELOW THIS LINE

Item will be: Taken Today Picked-up [date & time of pick-up: _____]

Or: Gift Certificate Provided by: Local Donor Corporate Office

CCSD Member/Representative: _____ Phone: _____