



In-Kind Donation Form

Contact Name: _____

Company/Organization: _____

Address: _____

City, State & Zip Code: _____

Phone: _____ Email: _____

Date of Donation: _____

Donation Description: _____

Estimated Value: \$_____

Thank you for your support!

*For questions, concerns, or additional information; please contact
Sophie Neumann, Fund Development Manager at
sneumann@ntngreenwich.org.*