



## In-Kind Donation Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Pegasus:     Rider Family             Board Member             Staff  
    Volunteer                     Donor                         Other

If other, how did you learn about Pegasus/The Rider's Closet? \_\_\_\_\_

\_\_\_\_\_

Would you like to receive a tax-receipt letter?     Yes             No

Would you like to receive the Pegasus newsletter?     Yes             No

Detailed description of donated item(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>For Office Use Only:</b>
Rec'd by: _____
Date: _____
DI created by: _____
Date: _____
DI printed by: _____
Date: _____
DI submitted by: _____
Date: _____