



A Night of Music and Meaning

Tuesday, October 3, 2017

IN-KIND GIFT FORM

Donor's Name: _____ Date: _____

Address: _____ State: _____ Zip: _____

Phone: (Day) _____ Fax: _____

E-Mail: _____

Itemized Donation Description:

Estimated Fair Market Value - Total: \$: _____
(Determined by donor)

Donor's Name for recognition purposes: _____

Donation mailed in with this form or Please pick up my donation

Donation is needed for delivery to Continuum of Care by September 10, 2017

Accepted by: _____

Please mail form (and donation, if possible) to:

Janday Wilson
c/o Continuum of Care
109 Legion Avenue, New Haven, CT 06519

Phone (203) 562-2264 ▪ Fax (203) 401-2040 ▪ email: jwilson@continuumct.org

THANK YOU FOR YOUR GENEROSITY

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