



This In Kind Donation is for: General Donation
 (Check One) Troop/Service Unit _____
Troop #/SU Name
 Event _____
Event Name
 Program _____
Program Name

IN KIND DONATION FORM

Gifts-in-Kind include supplies, service, equipment, food, and beverages

Please Print

Donor Name _____ Title _____
Individual Donor or Organizational Contact

Company/Organization Name (If Applicable) _____

Donor Address _____

City _____ State _____ Zip _____

Phone _____ C H B Email Address _____
Please indicate if Cell, Home, or Business Phone

Donor's Estimated Value of Donation \$ _____ Gift Acknowledgement Requested?* Y N
**All In-Kind Gifts valued \$250 and above by the donor will receive an acknowledgement*

Description of Donation (please be specific) _____

Donor Signature _____ Date ____/____/____

Reason for Donation _____

Pick up of item needed? ___ Yes ___ No

Girl Scout Contact Name: _____ Email Address _____
If this is a donation to a Troop/Service Unit

Thank you for your generosity!

Please return the completed form with your donation to the address below.

For more information, please contact:

Fund Development
 Girl Scouts of Connecticut
 20 Washington Ave
 North Haven, CT 06473
 Email: donate@gsocfct.org
 Phone: (800) 922-2770 or (860) 522-0163