



IN-KIND DONATION FORM

TODAY'S DATE: _____

DONATION FROM

NAME: _____

ORGANIZATION (IF APPLICABLE): _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ E-Mail: _____

DESCRIPTION OF DONATION:

***VALUE OF DONATION (ESTIMATE): _____

Please drop off or ship all in-kind donations to:

WAIT House
10 - 12 Wait Street
Glens Falls, NY 12803

Questions?

Contact Tabby LaRoe, Administrative Assistant, at (518) 798-4384 or email tlaroe@hycwaithouse.org