



## 15<sup>th</sup> Annual Empty Bowls Event In-Kind Donation Form

Name, Address and Phone Number of Donor:

---

---

---

Contact Person:

---

Name of Donated Item(s):

---

---

Description of Donated Item(s):

---

---

---

---

Approximate Value of Donated Item(s): \$ \_\_\_\_\_

Method of Delivery: \_\_\_\_\_ Will Deliver to Community Food Bank  
\_\_\_\_\_ Will Send in Mail  
\_\_\_\_\_ Call to Arrange for Pick Up