

In-Kind Donation Agreement

The Spina Bifida Association of Arizona (SBAAZ) accepts most in-kind donations. If you or a company you know would like to donate a good or service to SBAAZ please fill out the form below and fax or email back to 602-274-7632/ office@sbaaz.org.

If you have any questions or concerns please contact us ASAP. Thank you for your time and donation.

A. Donor information		
Company Name	Contact Person/Title	_
Street Address		_
State	Zip/Postal Code	_
Telephone	Fax	Email
Authorized Company Representative (print	Title (print)	_
Signature	Date	
B. Donation Fair Market Value:	\$	_
(What the SBAAZ would pay for this produ	uct in the normal marketplace.	
This information is used to provide your of C. Timeframe:	ompany's tax documentation.)	
When will the donation be made?	Date:	_
D. Description:		
Provide a brief description of your donation, and attach any pertinent information.		
E. Quantity:		
	# of Items	
F. Services or Goods given by SBAAZ in ret	turn for In-Kind Donation	