MN SNAP'S FURRYTAIL BALL • OCT. 14, 2023 IN-KIND DONATION FORM



CONTACT INFORMATION

SPAY NEUTER
ASSISTANCE PROGRAM

| Donor/Company Name | |
|--|---|
| Contact (if different from above) | |
| Address (including City, State and ZIP) | |
| | |
| Website | |
| ITEM INFORMATION | |
| Item name (brief description, 50 characters or less) | |
| Item description (Please tell us details about this item that we should share with our attendees so we can create an exciting catalog description) | |
| Restrictions and/or ExpirationDate (please allow a minimum of 6 months from event date): Contact name and phone for redeeming gift certificate (if applicable): | |
| ITEM DELIVERY | For more information contact: |
| PLEASE RETURN COMPLETED FORM AND ITEM OR GIFT CERTIFICATE NO LATER THAN SEPTEMBER 15, 2023 TO: | Christine Schraml christine@mnsnap.org |
| MN SNAP (marketing@mnsnap.org) 2822 Washington Ave. N, Minneapolis, MN 55411 | FurryTailBall.com All materials become the property of MN SNAP upon your surrender. Items |
| ☐ Tangible item accompanies this form☐ Gift certificate included with this form | will not be returned to donor. MN SNAP reserves the right to combine items into packages. |
| □ Donor will deliver item (Date item will be delivered:) □ Item needs to be picked up (Date item is available for pick up:) □ MN SNAP needs to create a gift certificate | Minnesota Spay Neuter Assistance Program is a registered 501(c)(3) charitable organization. |
| ☐ Other. Explain: | Tax ID #90-0397515 |
| Downer City of two and Date. | Please retain a copy of this form for your records. |
| Donor Signature and Date: | For Internal Use |
| | Item Procured by: |

THANK YOU FOR YOUR SUPPORT!