

BIRMINGHAM AIDS OUTREACH

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In-Kind Donation Form

Instructions:

Please print legibly.

Make sure entire form is filled out.

Please make a copy of this form for your records and return original to BAO.

To be completed by donor:

Date of donation: _____

Name of donor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Description of item(s) donated: _____

Estimated value of donation (*must be filled out by donor*): \$ _____

Signature of donor: _____

Notes: _____

Thank you for your generous donation to Birmingham AIDS Outreach!