



CADF IN-KIND DONATION FORM

Please return completed form to:
Capital Area Dental Foundation
401 West 15th Street, Suite 695
Austin, TX 78701

P: 512.992.1217 / F: 512.777.4059 / info@capitalareadentalfoundation.org

THANK YOU FOR PARTNERING WITH CADF!

Through donations such as yours, we are able to provide critical dental care to people who otherwise would be unable to receive treatment.

All donation forms must be submitted six weeks before CADF event to receive full recognition.

Company Name: _____

Contact Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

I would like to be recognized publicly as: _____

The information below will assist us in handling your gift in the most efficient manner. Please do not hesitate to contact us should you have any questions regarding this form.

Description of Item(s) Donated: _____

Total Fair Market Value of Donated Item(s): \$ _____

Total Cost to CADF (if applicable): \$ _____

Provide information below on the donated item(s) delivery information (if applicable):

Shipping/Delivery Information: _____

Name of Shipping/Delivery Contact: _____

Phone: _____ Email: _____

Shipping/Delivery Date: _____

Signature: _____ Date: _____ Title: _____