In-Kind Donation Form

Please provide the following information along with your donation. You will receive a tax-deductible receipt at time of donation, or by email or standard mail within one week.

Preferred First and Last Name: ____________________________
[Please provide the name you would like us to call you.]

Pronouns:
[ ] He/Him  [ ] She/Her  [ ] They/Them  [ ] Other: _______.

Preferred Method of Contact:
[ ] Email: _________________  [ ] Phone: __________________
[ ] Address: ___________________________________________

Donation Value: ________________________________________
Summary of Donation Contents: ____________________________

Additional Information:
[Please provide any additional information or notes, such as if this donation is in honor or in memory of someone.]

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[ ] I would like my donation to be anonymous.
[ ] I would like to be added to the UTOPIA Washington Newsletter.

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