In-Kind Donation Form

Company/Donor Name

Contact Name **Signature**

(Optional) I prefer to be listed as:

☐ Anonymous ☐ A Friend of The Grief Club ☐ Other

Address

City/State/Zip **Email**

Phone **Website**

Please provide a description of the item or service supported by your in-kind donation(s):

Fair Market Value $

Expiration Date or Restrictions (if any):

Thank you for your generous contribution and for being part of the healing.

Your generosity changes everything!

The Grief Club is a 501(c)3 nonprofit organization (EIN 85-2876693). Your donation is tax deductible to the fullest extent allowed by law.

GCMN has not provided you with goods or services in exchange for this contribution.