

2018

columbus, ohio

# BUDDY WALK®

national down syndrome society

## IN KIND COMMITMENT FORM

### DONOR INFORMATION:

PLEASE PRINT CLEARLY

Business Name (as it should appear in print and digital materials)

Contact Name

Address

City, State, Zip

Phone

Fax

Email

### DONATION DESCRIPTION:

Donation

Item Description (please indicate quantity, size, color, etc.)

\$ \_\_\_\_\_

Value of Donation

Is there an expiration date/time on item or service?    Yes                      No            If yes, expiration date: \_\_\_\_\_

*\*Columbus Buddy Walk® is scheduled for Sunday, September 30, 2018.*

Please list ALL Restrictions, blackout periods and limitations:

Please contact Evanthia Brillhart, [ebrillhart@dsaco.net](mailto:ebrillhart@dsaco.net), with any questions. Please retain a copy of this form for your records. Once your gift is received, an official acknowledgment will be mailed.

**Thank you for supporting the extraordinary people we serve!**