



IN KIND COMMITMENT FORM

DSACO's EIN is 31-1126185

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, October 4, 2020.*

Please list ALL Restrictions, blackout periods and limitations:

Please contact Evanthia Brillhart at buddywalk@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!