



In-Kind Donation Form

Donor Name _____

Title _____

Company _____

Recognition Name _____
(as it should be listed for recognition)

Street Address _____

City, State Zip _____

Telephone _____

Email _____

Item Donated _____
(please use one form per donation)

Value of Donation _____

Donation Description (please be as detailed as possible and include any limitations/restrictions):

Please select one of the following:

____ Donation will sent to: Mayfield Schools Foundation
1101 SOM Center Road
Mayfield Heights, OH 44124

____ Please create a certificate/document describing this donation

____ Donation to be picked up – Please provide instructions and a date:

Thank you for supporting the Mayfield Schools Foundation and our Swing & Par-tee for MSF event!

***If you have questions, please contact Jolene Greve at Mayfieldschoolsfoundation@gmail.com.
Please visit www.mayfieldschoolsfoundation.org to learn more!***