## IN-KIND DONATION FORM

Primary Contact Name(s):			
Business Name (If applicable):			
Address:			
City:	State: Zip:		
Phone:	Fax:		
Email:		Website:	
Donated Item(s) Include:			
Total Value: \$		Date:	
PLEASE MAIL FORM AND DONATED ITEM(S) TO:			
Cure SMA 925 Busse Rd Elk Grove Village, IL, 60007			
☐ Gift Certificate(s) or item(s) are enclosed			
☐ I will deliver item(s) by/ to (contact name):			
Please pick up item(s)/cash donation on// at (location):			

Cure SMA is a 501(c)(3) non-profit organization. Your contribution is tax deductible to the extent allowed by law.

Donor information is not shared or sold to any outside organizations.

Please keep a copy of this letter for your records and for tax purposes. Federal ID# 36-3320440.

For more information about Cure SMA, please visit www.cureSMA.org.

