



IN-KIND CONTRIBUTION FORM

Name of Contributor

Contact Person

Address

Phone

Item/Service:	_____

Date(s) given:	_____
Cash Value:	_____
By:	_____
	In-Kind Contributor/Authorized Representative
Date:	_____

If you have questions or need information please contact Skateboarders Against Drugs at the address below.

RECEIVED:

By: _____
Representative of Skateboarders Against Drugs

Date: _____



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www.skateagainstdrugs.org