

## In Kind Donation Form

Please complete the following information: Date of Donation: Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ **Description of Item(s) Donated:** Value: \$\_\_\_\_\_ This value is \_\_\_\_ Estimated \_\_\_\_ Actual Signature of Donor or Person Delivering Donation:

## Thank you for your donation to Mass Teacher Resources

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