



IN-KIND DONATION FORM

Organization Name: _____

Contact Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Tax ID Number: _____

Please print your name as you would like to be acknowledged:

Description of in-kind donation:

Value: \$ _____

Donor Signature: _____ Date: _____

BBDF Signature: _____ Date: _____

Thank you for joining us in our mission to eradicate juvenile Batten disease.