



2016 In-Kind Donor Form

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

Item Donated: _____

Value: _____

Description: _____

Check One:

_____ Certificate/Merchandise enclosed

_____ Please Schedule Pick Up

_____ Other (described above)

Please email, fax or mail:

Fax: 716-833-7480 (ATTN: Community Relations)

Email: communications@wnydas.org

Deaf Access Services

Tri-Main Building Suite 446

2495 Main Street

Buffalo, NY 14214

For questions contact us at 716-768-1270

Deaf Access Services is a 501(c)(3) not-for-profit corporation

Federal Tax ID # 16-1433932

Date Received: _____ Tax Receipt Sent: _____