



openarms

In-Kind Donation Form

CONTACT INFORMATION

Donor/Company Name: _____

Contact (if different from above): _____

Address (including City, State, ZIP): _____

Phone: _____ Email: _____

Website: _____

ITEM INFORMATION

Item Name: _____ Fair Market Value: \$ _____

Item Description *(Please provide details to share with our audience to create an exciting catalog description):*

Restrictions or Expiration Date *(please allow a minimum of 6 months from donation date):* _____

Contact name and phone for redeeming gift certificate (if applicable): _____

ITEM DELIVERY

PLEASE RETURN COMPLETED FORM & ITEM/GIFT CERTIFICATE TO:

**Open Arms of Minnesota, Attn: Samuel Truhler
2500 Bloomington Ave
Minneapolis, MN 55404**

- Tangible item included with this form
- Gift certificate included with this form
- Donor will deliver item (Date item will be delivered: _____)
- Item needs to be picked up (Date available for pickup: _____)
- Open Arms needs to create a gift certificate _____
- Other (Please explain): _____

Donor Signature: _____

Date: _____

THANK YOU FOR YOUR SUPPORT!

For more info, contact:
Samuel Truhler, Donor Relations Coordinator
 612-767-7370
 samuel@openarmsmn.org

All materials become the property of OAM upon your surrender. Items will not be returned to donor. OAM reserves the right to combine items into packages or use items for other fundraising purposes.

Open Arms of Minnesota is a registered 501(c)(3) charitable organization.

Tax ID #41-1681317

Please retain a copy of this form for your records.