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**2017 Golf “Fore” Education Tournament**

**In-Kind Donation Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Donor Information** | | | | | | | | | | | |
| **Donor or Company Name**:  (exactly as it should appear in the printed materials): | | | | | |  | | | | | |
| **Contact**: | |  | | | | | **Title**: | |  | | |
| **Address**: | |  | | | | | | | | | |
| **City, State and ZIP**: | | | | |  | | | | | | |
| **Daytime Phone**: | | | |  | | | **Alternate #**: | | |  | |
| **E-mail**: |  | | | | | | **Company Web Site**: | | | |  |
| **Signature**: | | |  | | | | **Date**: | |  | | |
| **Donated Item Description** | | | | | | | | | | | |
| **Detailed description** (quantity, size, color, restrictions or other information pertaining to the item/items being donated): | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Expiration Date (**if applicable**)** | | | | | | | | **Delivery Instructions:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Item(s) is (are)** | | | **Yes** | **No** | | Enclosed | | |  |  | | To be delivered by donor | | |  |  | | Delivery Date: | |  | | | | To be picked up by committee | | |  |  | | Pick-up Date: | |  | | | | Other: |  | | | | | Date: |  | | | | | | | |
|  | | | | | | | |
| **Retail Value** (itemize if more than one item): | | | | | | | |
|  | | | | | | | |

**Please return form to by March 17, 2017:**

Charneisha Pates

Foundation for Seminole County Public Schools

400 E. Lake Mary Blvd., Sanford, FL 32773

Phone: 407.320.0119 Fax: 407.320.0285

**Charneisha\_Pates@scps.k12.fl.us**

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