IN KIND DONATION FORM



Donor Information

Please print clearly:			
Name			
Company (if applicable)			
Address			
	State	Zip	
Email	Phone		
□ I would like to opt out of	The Michigan Glass Project eNewsl	etter list.	

	Donation Details	
Description of Tangible Item / S	ervice, special restrictions, if any. Attach supporti	ng
documentation if available:		

Fair Market Value: \$_____

The Michigan Glass Project reserves the right to package items.

Delivery Information

Please indicate:

□ Pick up donaton on ______ from _____

(date)

(location)

□Gift Certificate Enclosed.

UWe will mail our donation according to the shipping information below.

USPS: The Michigan Glass Project PO Box 14922 Detroit, MI 48211

UPS / FED EX: The Michigan Glass Project C/O The Russell Industrial Center 1600 Clay Street Detroit, MI 48211 Email: info@themichiganglassproject.com Phone: 906-250-1517

___ Date _____

(for office use only) Solicitor Information
Solicitor Name ______ Phone ______
Item Received Gift Certificate Received Date Entered ______ Initials ______

QUESTIONS? CALL 906-250-1517.

The Michigan Glass Project is a nonprofit, tax-exempt charitable organization (tax identification number 38-3871146) under Section 501(c)(3) of the U.S. Internal Revenue Code. Donations are tax-deductible as allowed by law.