

In-Kind Donations Form



Donor/Business Name: _____

Contact Name/Title (if different from above): _____

Business Website: _____

Business Facebook Handle: _____

Business Instagram Handle: _____

Address: _____

City/State: _____ Zip: _____

Phone #: _____

Email: _____

Donation Type: ☐ Product ☐ Service

Donation Description:

Capstone Staff Name: _____

Staff Title: _____ Date: _____

Please return completed forms to Morgan Brown at mbrown@capstonevt.org. Thank you!