



# NORTHWEST INDIANA COMMUNITY ACTION

*Area One Agency on Aging and Community Action Agency*

## IN KIND DONATION FORM

Donor: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Donor's Estimated Value of Donation: \$ \_\_\_\_\_ (required for processing)

Description of Donation (please be specific): \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Donation: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(NWICA Employee)

**Please bring your in kind donation to:**  
Northwest Indiana Community Action Corporation  
5240 Fountain Drive  
Crown Point, IN 46307

**Phone: 219-794-1829**  
**Fax: 219-794-1860**  
[www.nwi-ca.com](http://www.nwi-ca.com)

**Thank you for your generous support!**

