



DONATION DROP-OFF REQUEST FORM

Date: _____ Prefix: Mr Ms Mrs Dr Other: _____

Donor Name: _____
First Last

Organization/Group: _____
Line 1

Address Line 2: _____

City: _____ State: _____ Zip: _____

Contact: _____
Phone E-mail

Donor's Estimated Value of Donation: _____ *(required for processing)

Donation Description (please be specific): _____

Donor Signature: _____

Reason for Donation: _____

Drop Off Location: Akron Mahoning Valley Do you need help carrying your donation? Yes No

Drop-Off Date and Time Preference: 1st Choice: _____ 2nd Choice: _____

*Donations accepted in Akron Monday-Friday from 9 a.m. – 4 p.m. and in the Mahoning Valley every day from 8 a.m. - 6 p.m.

*If donor values gift at \$5,000 or more, it is the donor's responsibility to obtain a qualified appraisal in order to substantiate a possible charitable deduction for tax purposes.

OPTIONAL: This gift is In Memory of In Honor of

Name: _____

Family Address: _____

City: _____ State: _____ Zip: _____

For Official Use Only

NOTE: If the submit feature doesn't work, please save the completed form to your computer and attach it to an email addressed to volunteers@akronchildrens.org.

Thank you for your donation! Questions? Contact Volunteer Services at 330-543-8424.