

IN KIND DONATION FORM

Information will not be shared outside of the United Way of Freeborn County.

Please Print

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 ____/____/____

(United Way Employee)

Please bring your in kind donation to:

United Way of Freeborn County

341 S. Broadway

Albert Lea, MN 56007

507-373-8670

info@unitedwayfc.org