



**GIFTS-IN-KIND DONATION FORM
WILLIAM B TRAVIS MCJROTC CADET PARENT ASSOCIATION**

Soliciting Committee Member: -----

COMPANY / DONOR NAME:

Please print information above as you would like it to appear in the year end program and all advertising materials.

Contact Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please provide a detailed description of the donated items and their contents. Include applicable restrictions. Gift certificates should be valid for one year from the date of issuance.

Value of Item(s): \$ _____ Required for IRS purposes and for donation receipt.

Delivery Information:

Donation Enclosed Sending Donation By _____ Donation To Be Picked Up By

William B Travis High School MCJROTC Cadet Parent Association

c/o Herb Cryar, President

Phone : 281-787-4905

Email : wbtravis.jrotcbooster@gmail.com

Website : www.travismcjrotccpa.weebly.com

No goods or services were exchanged for this donation.

TAX ID# 27-3671300