



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

Soliciting Committee Member: -----

COMPANY / DONOR NAME:

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*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 Board President

Email : [wbtravis.jrotcbooster@gmail.com](mailto:wbtravis.jrotcbooster@gmail.com)

Website : [www.travismcjrotccpa.weebly.com](http://www.travismcjrotccpa.weebly.com)

*No goods or services were exchanged for this donation.*

TAX ID# 27-3671300