



IN-KIND AND MONETARY DONATION FORM

MISSION STATEMENT:

Project HELP works with dignity and compassion to ease the pain of those affected by rape, violence, crime or loss of a loved one.

CONTACT INFORMATION:

Name _____

Title _____ Phone # _____

Address: _____

City _____ State _____ Zip Code _____

Email _____

IN-KIND Describe item(s) to be donated

DONATION

Retail Value _____

Special provisions or restriction on item(s) to be donated
If possible, please make expiration date at least one year of donation date.

PLEASE CHOOSE ONE OF THE FOLLOWING:



- I will drop off the item donation
- Project Help to pick up item donation

MONETARY Enclosed is my tax-deductible gift of \$ _____

DONATION

I would like my donation applied towards:

- Restricted
- Unrestricted

DONOR SIGNATURE _____ DATE _____

DONOR NAME PRINTED _____

COMPLETE, COPY FOR YOUR FILES, AND MAIL/EMAIL THIS FORM TO:

CONTACT:

239-649-1404 ext. 1009
3050 Horseshoe Dr. N., Suite 280, Naples, FL 34104
eileen@projecthelpnaples.org
www.projecthelpnaples.org

- @projecthelpnaples
- @projecthelpinc
- @projecthelp239