



In-Kind Donation Form

Please print/type pertinent information in a clearly legible manner.

Type & Quantity of Items(s):	Fair Market Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

Special Terms or Conditions: _____

Donating Individual/Business: _____

Contact Person (If Business Donor): _____

Address: _____

E-Mail: _____

Telephone: _____

Donor Signature: _____

Note/Comment: _____

Please return completed form(s) to:

“NS” Scholarship Foundation + PO Box 547728 + Orlando FL 32854-7728