

# IN KIND DONATION FORM

## Donation Options:

1. **TOYS** – Donate any unwrapped toy or bicycle for a boy or girl.
2. **VOLUNTEER YOUR TIME.** Please contact Charles Reid Foundation at (510) 236-8520.
3. You tell us the Service or Items that you are able to provide. (Please give brief description)
4. **DONATE MONEY** - any amount, large or small, will help a child.

Estimated Cash Value of the Donation: \$\_\_\_\_\_

## Description of Donation:

YOUR NAME /COMPANY NAME: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

PLEASE PHOTOCOPY FOR YOUR RECORDS AND FAX COMPLETED FORM TO (510) 236-6188

## ***CREDIT CARD AUTHORIZATION FORM***

THE CHARLES REID FOUNDATION, A 501(c) 3 Non-Profit Corporation

CARDHOLDER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: (     ) \_\_\_\_\_ TODAY'S DATE:   /   /

I AUTHORIZE THE FOLLOWING CREDIT CARD TO BE USED AS THE FORM OF PAYMENT FOR AN INKIND DONATION OR CORPORATE SPONSORSHIP CONTRIBUTION FOR THE CHARLES REID FOUNDATION.

\_\_\_\_\_ INTIAL PLEASE.

CARD TYPE: (please circle) VISA MASTERCARD

CARD NUMBER: \_\_\_\_\_

Three digit code (listed on the back of the card) \_\_\_\_\_

EXPIRATION DATE: /

DOLLAR AMOUNT: \$

SIGNATURE OF CARDHOLDER: \_\_\_\_\_

DATE: //

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORD AND FAX THE COMPLETED FORM TO

THE CHARLES REID FOUNDATION – (510) 236-6188  
(You will receive a confirmation letter of your donation by mail)