



2023 NIGHT FOR KYRENE

Saturday, September 9, 2023

DONATION FORM

THANK YOU FOR YOUR SUPPORT!

DONOR INFORMATION				
Donor or Company Name* (as it should appear in our printed materials)				
Address:	City:	State:	ZIP:	
Phone Number:	Fax Number:			
Email Address:				
Contact Person:	Referred By:			
Donor anonymity [] yes [] no				
DONATED ITEM(S) INFORMATION				
Detailed Description (include quantities, services offered, dates available, expiration date-if applicable, and all other restrictions.)				
Estimated Value of Item(s):	NOTE: The Kyrene Foundation nor the Night for Kyrene personnel is permitted to value a gift for tax deduction purposes. Please consult your tax advisor regarding the deductibility of charitable contributions.			
PLEASE MARK APPROPRIATE BOX,	DX, THEN SIGN AND DATE BELOW.			
[] Item(s) included with form [] Item(s) to be picked up [] Item(s) to be delivered by donor [] Donor to provide certificate				
You may attach additional information or use the reverse side of this form, if you need additional space. We encourage you to include brochures, photos or other information that will help us promote your contribution.				
Signature of Donor(s) / Representative:	Date:			
ALL DONATIONS MUST BE RECEIVED BY SEPTEMBER 1, 2023.				
I WE DO HEREBY IRREVOCABLY ASSIGN, TRANSFER, AND GIVE ALL MY/OUR RIGHT, TITLE AND INTEREST IN THE ABOVE DESCRIBED PROPERTY TO THE KYRENE FOUNDATION. I WE REPRESENT AND WARRANT THAT I WE HAVE COMPLETE AND CLEAR TITLE TO THE GIFT IN KIND AND THE AUTHORITY TO MAKE IT A GIFT. I WE AM /ARE AWARE THAT ACCEPTANCE AND DISPOSITION OF DONATIONS ARE GOVERNED BY THE POLICIES OFTHE FOUNDATION WITHOUT APPROVAL BY ME/US.				
Proceeds from the auctioning of these items will be deposited with the Kyrene Foundation, a nonprofit organization (Tax ID # 86-0607130)				
Please send this form and your donation Suzanne Rinker: Email: suzanne.rinker@kyrenefoundaton.org ~ Mail: Kyrene Foundation / Night for Kyrene ~ PO Box 11536 Tempe, AZ 85284				