



Gift in Kind Contribution Form

Donor Information:

Donor Name: _____

Donor Address: _____

City/State/Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Donor Intention: Please note any specific VIA program to benefit from this donation if applicable.

Donated Item Information: (Please provide as much detail as available. When listing multiple items, please include an estimated value for each item.)

Total Value of Item(s): _____

Date of Donation: _____

Donor's Signature: _____

I wish to remain anonymous: ☐ Yes

*Please email the completed form to DONATE@VIA-Doylestown.org or
mail to VIA Office, Attn. VIA Treasurer, 132 N. Main Street, Doylestown PA 18901*