



# Village Improvement Association of Doylestown

## **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](mailto:DONATE@VIA-Doylestown.org) or mail to VIA Office, Attn. VIA Treasurer, 132 N. Main Street, Doylestown PA 18901*