Irish Cultural Centre of California
In – Kind Donation Form

Name: _____ **Date:** _____

Mailing address :_____

Contact info: Phone # or e-mail address:_____

Employment info:

Occupation_____

Employer Name_____

Employer City & State _____

Item Donated	Date of Donation	Value of Item	Receipt Attached Yes or No
Total Value			

_____

Signature of person donating item