



IN-KIND DONATION FORM

NEDA Walk City & State: _____

Donated Item(s) & Description:

Total Fair Market Value: \$ _____

Donor Information:

Company Contact:		Title:
Company/Organization:		
Street Address:		
City:	State:	Zip:
Phone:	Email:	
Web Address:	Other:	



Thank you for your generous contribution! If applicable, please arrange item pick-up details with the local NEDA Walk Coordinator prior to the event date.

Mail this form to: National Eating Disorders Association
1500 Broadway, Suite 1101
New York, NY 10036

Or scan & send this form to the National Walks Manager Jessica Hickman at jhickman@myneda.org

*Please note that in the event of unforeseen consequences, NEDA Walks Sponsorships are nonrefundable. *The National Eating Disorders Association is a 501(c) (3) not-for-profit organization – Federal Tax ID#: 13-3444882. Your contribution is tax-deductible to the full extent of the law. Please consult your tax advisor and/or IRS Publications to verify deductibility.