



Donation-In-Kind

Date of Gift: _____

Business/Individual: _____

Address: _____

Contact Person: _____ Phone: _____

Description of Donation: _____

Value of Donation: _____

Easterseals Event: _____

Return to: Krista Bieneman
Donor Services Manager
Easterseals Central Illinois
507 East Armstrong Avenue
Peoria, IL 61603
686-7755 Ext. 2287
687-2030 FAX

Easterseals will send a receipt for your gift after we receive this form.