



Compass Music and Arts Foundation
P.O. Box 418
Brandon, VT 05733
802-247-3000
info@cmavt.org

In-Kind Donation Form

Donor Information

Date _____

Donor/Company Name _____
Contact Name (if different from above) _____
Address _____
City/State _____ Zip _____
E-mail _____
I wish to be added to the mailing list <input type="checkbox"/>
I wish to remain anonymous <input type="checkbox"/>
I/We wish to make this donation in <input type="checkbox"/> honor of or in <input type="checkbox"/> memory of: _____

Donation

Donation Type: <input type="checkbox"/> Product <input type="checkbox"/> Service
Description _____ _____ _____
Estimated Value \$ _____

Comments on services to be provided and delivery of donated materials

Comments _____ _____ _____ _____

Thank you for your support!