



Girl Scouts – North Carolina Coastal Pines In Kind Donation Form

Girl Scout's Name: _____

Project Title: _____

Date of Donation: _____

Donation Description: _____

Approximate In-Kind Donation Value: \$ _____

Company, Organization, or Individual Making Donation: _____

Contact Name at Company/Organization: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone (_____) _____

Donation Solicited by: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone (_____) _____

Anyone else involved in the solicitation: _____

Form Submitted By: _____ Date Submitted: _____

Has a "Thank You" been made?

Yes

No

If yes, what type of thank you?

Written

Verbal

By Whom: _____ Date Made: _____