

**CASH/IN-KIND DONATION AGREEMENT FORM**

Business or Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact E-Mail Address \_\_\_\_\_

- YES!** I will be making a DONATION.
- YES!** I will be making an In-Kind DONATION.

**METHOD OF PAYMENT:**

- CASH** |  **CHECK** |  **CREDIT CARD (Online Only)**

**Would you like the donation to be anonymous?** Yes or No

Additional Comments: \_\_\_\_\_

Description of Item or Service Donated: \_\_\_\_\_

Value: \$\_\_\_\_\_

**Checks Made Payable:** Hope Foundation of the Mahoning Valley | Memo: (Specific Fund)

**Credit Cards Accept:** [HopeMV.org/donate](http://HopeMV.org/donate)

By sending this, you agree to make payment within 30 days from execution of this donation agreement. Donor also agrees to provide advertisement artwork as set forth in this agreement ASAP, if applicable.

\_\_\_\_\_  
**Business Representative (Print)**

\_\_\_\_\_  
**Business Representative Signature**

\_\_\_\_\_  
**Date**

**Please Mail this Agreement and Payment to the address below**  
**Hope Foundation of the Mahoning Valley**  
**PO Box 733, Youngstown, Ohio 44501 | EIN Number: 64-0952223**