

Turner Syndrome Foundation, Inc.
In-Kind Donation Form

NAME: _____

ADDRESS: _____

City State Zip

PHONE: _____

E-MAIL: _____

BRANDNAME: _____

DESCRIPTION: _____

VALUE: _____

RECEIPT OF ITEM: _____ I will deliver or mail item to the address below.
_____ Please call me to arrange for pick-up of item.

Thank you for supporting Turner Syndrome Foundation (TSF) with a generous contribution. Turner Syndrome Foundation will acknowledge your in-kind donation, upon approval, with the information recorded on this form. Submit this form ASAP. Note-TSF reserves the right to decline gifts that do not meet its core values.