



KICKS 4 CANCER

KICKS FOR CANCER TOURNAMENT IN-KIND DONATION FORM (FORM # 4)

PLEASE INCLUDE YOUR PROCESSING FEE WITH YOUR APPLICATION. ALL CHECKS SHOULD BE MADE OUT TO CARRY ON, INC. IN THE AMOUNT OF \$100 AND SENT TO:

CARRY ON, INC.
2859 CENTRAL STREET, #237
EVANSTON, IL 60201

CONTACT: _____ COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

GOODS OR SERVICES DESCRIPTION (PLEASE INCLUDE SPECIFIC RESTRICTIONS OR INSTRUCTIONS):

DONOR ESTIMATED VALUE: _____

PLEASE CHECK THE APPROPRIATE BOX AND RETURN THIS SHEET AT YOUR EARLIEST CONVENIENCE TO ADDRESS ABOVE:

ITEM/SERVICE WILL BE:

DELIVERED/SENT WITH THIS SHEET TO ADDRESS ABOVE

DELIVERED/SENT AT A LATER DATE TO ADDRESS ABOVE

PICKED UP BY CARRY ON, INC. PRIOR TO THE EVENT

RESTRICTIONS OR SPECIAL INSTRUCTIONS FOR DELIVERY:

CARRY ON, INC. CONTACT NAME: _____

DONOR/CONTACT'S SIGNATURE: _____

FOR OFFICE USE ONLY

ITEM CATALOGUED: _____ CATEGORY: _____