



# KICKS 4 CANCER

## THIRD ANNUAL 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: \_\_\_\_\_