



HOPE for THIS Step
Stepping together through Suicide & Overdose
Awareness, Prevention and Postvention

DAY OF HOPE WALK 2017
July 15, 2017
IN-KIND GIFT CONFIRMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Donor/Business: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____
Phone: (____) _____ Fax: (____) _____ Email: _____
Product Donating: _____
<i>NOTE: The Day of Hope Walk Committee has the right to refuse any donation deemed inappropriate. We will not be able to accept any donation of alcohol or of a violent nature.</i>
Fair Market Value (\$ amount/product amount): _____
Value Determined by (Retail, Appraisal, etc): _____
<i>I authorize Day of Hope Walk committee to include our corporate name for advertising recognition, consistent with publication deadlines. E.g. event video, website, etc. (Deadline: June 11th, unless otherwise noted)</i>
Authorized Name: (Please Print) _____
Authorized Signature : _____ Date _____

Please MAIL or EMAIL this agreement to the following address. You will be contacted to arrange delivery of donation. Thank you.

Hope for This Step, Inc.
PO Box 1442
Wooster, OH 44691
Info@dayofhopewalk.org

Questions? Contact us at 234-249-1192 or at info@dayofhopewalk.org. Check out our website at www.hopeforthisstep.org

Hope for This Step, Inc. is unique **Charitable 501(c)(3) Tax-exempt** organization established *specifically* for suicide *and* overdose awareness, prevention and postvention, aiming to provide hope, healing, and reduce the stigma in our local communities.