



## **SNIDER HOCKEY IN-KIND DONATION FORM**

Donor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): (h) (c) (w): \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **Donation Description**

---

---

---

---

Donation Value: \_\_\_\_\_

I hereby certify that I am the owner (authorized agent for owner) of the in-kind donation described above and that I hereby give the Ed Snider Youth Hockey Foundation and their agents authority to include these items/services for the use in their program in whatever manner they shall deem fit.

### **Signatures**

\_\_\_\_\_  
Donor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Snider Hockey Representative

\_\_\_\_\_  
Date