## April 29, 2017

## Hope Bowl In-Kind Donation Commitment Form



Item	Value of donation
Description	
List expiration dates or restrictions, if a	pplicable
☐ I will deliver item (s)	□ I will mail item (s) to HopeWorks
Please pick up item (s) - instruction	ons
Name of Donor	Contact Name
Traine of Botton	Solitable Halling
Name as it should appear on event ma	terial, if different from above
Address	City, State, Zip
D.	
Pnone	Fax
Email	Website
☐ I want to learn about sponsorship	opportunities.
☐ I want to participate in the Hope B	Bowl. Please send registration information.
HopeWorks is a 501 © (3) nonprofit. Donati	ions are tax deductible to the extent allowed by law.

Fax completed form to 410.997.1397 or mail to:

HopeWorks of Howard County Attn: Hope Bowl 5457 Twin Knolls Road, Suite 310 Columbia, MD 21045 HC PE WORKS

If you have questions, please contact us at jpollitthill@wearehopeworks.org or 410.997.0304.