



SNIDER HOCKEY IN-KIND DONATION FORM

Donor Name: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

E-Mail(s): _____

Donation Description

Estimated 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