

In-kind Donation Agreement

4th Annual Ride for Hope
Ovarian Cancer Awareness Motorcycle Ride & Party
Sunday, July 29th, 2018 Schaumburg, IL
www.rideforhopeil.org (224)422-9914



Sponsor Information

Name of Company or Individual _____
Contact Person _____
Email _____ Phone _____
Address (including city, state and zip code)

In-Kind Donation

Item: _____ Value \$ _____
Will drop off or need to be picked up? (circle one)
Expiration Date: _____
Description: _____

Any necessary info we need to provide to the winner? _____

**Items need to be obtained by Ride for Hope by Saturday, July 7th, thank you.
If you are mailing, please mail to Ride for Hope 544 S. Roselle Rd. Schaumburg, IL 60193**

Signature

Print Name _____ Title _____
Signature _____ Date _____

FOR OFFICE USE ONLY ACKNOWLEDGEMENT sent: _____ SPONSOR AGREEMENT received: _____
 PAYMENT received: _____ SOCIAL MEDIA MENTIONS posted: _____ _____ coordinator sign off