IN-KIND AGREEMENT

National Ovarian Cancer Coalition Central Maryland Chapter 8th Annual Run/Walk Sunday, September 17, 2017 Westfield Annapolis Mall Annapolis, MD

As a proud supporter of the National Ovarian Cancer Coalition, your generous contribution are dollars saved that we are able to apply directly to support the NOCC's local and national programs and initiatives.

In-kind Information				
Name of Company, Institution, or Individual		Contact Perso	Contact Person	
Email	Phone	Fax		
Billing Address (Street, City, State, Zip C	code)			
In-kind Contribution				
Name as you wish it to appear on printe	d materials:			
Contribution Description		Food/Beverage Mate	erials/Supplies	
		Service Auc	tion/Raffle	
Estimated Market Value				
\$				
Pick Up Date	Loc	ation		
In-kind Agreement				
I/We agree to contribute the product or service stated above to the National Ovarian Cancer Coalition Central Maryland Chapter's 8th Annual Run/Walk to <i>Break the Silence on Ovarian Cancer</i> on Sunday, September 17, 2017.				
Signature		Date		
Print Name		Title		

THANK YOU FOR YOUR GENEROUS SUPPORT!

Please attach an invoice or a copy of your company letterhead with the in-kind product/service description and market value to this document.

National Ovarian Cancer Coalition, Central Maryland Chapter, P.O. Box 655, Crownsville, MD 21032 Contact Us: (p) 443-433-2597 | centralmd@ovarian.org | runwalk.ovarian.org/annapolis

