IN-KIND AGREEMENT

National Ovarian Cancer Coalition Delaware Valley Chapter 19th Annual Run/Walk Saturday, September 9, 2017 Fairmount Park, Memorial Hall Philadelphia, PA

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 Person	
Email	Phone	Fax	
Billing Address (Street, City, State, Zip Co	ode)		
In-kind Contribution			
Name as you wish it to appear on printed	d materials:		
Contribution Description		Food/Beverage	Materials/Supplies
		Service	Auction/Raffle
Estimated Market Value			
\$			
Pick Up Date	Location		
In-kind Agreement			
I/We agree to contribute the product or service stated above to the National Ovarian Cancer Coalition Delaware Valley Chapter's 19th Annual Run/Walk to <i>Break the Silence on Ovarian Cancer</i> on Saturday, September 9, 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.

