



Thank you for donating an item for SOAR's Holiday Bake Shoppe and Crafts Sale! Please fill out the following information so we can properly note your donation at the event and in our records. We will e-mail you a thank you/tax letter.

**CONTACT INFORMATION:**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

Name as you would like it to appear in all printed materials

\_\_\_\_\_

**DESCRIPTION OF ITEM(S) DONATED:** (Please attach a list of all ingredients for each item and/or a copy of the recipe.)

**FAIR MARKET VALUE OF DONATION (MUST BE PROVIDED BY DONOR, PER IRS RULES):**

Please return this form and donation to:  
SOAR Special Needs  
12201 W. 88<sup>th</sup> St.  
Lenexa, KS 66215

Questions?  
Contact Amy Cox 913.731.6046  
[Development@SOARSpecialNeeds.org](mailto:Development@SOARSpecialNeeds.org)

