



DONATION FORM

Donor or Business Name

Print name as you would like it to appear in the program:

Company:					
Address:					
City:		State:		Zip:	
Phone:		Email:			
If a business, please provide name of contact person:					

Item, Gift Certificate or Service Donation

Please use as much detail as possible to describe your donation (size, weight, manufacturer, age, history, location) and include any restrictions (dates, time, expiration, age requirements) – use additional sheet if needed.

Estimated Value	\$	Expiration Date of Gift Certificate or Service:	
Specify Dates available if donating a vacation property or timeshare stay:			

Enclosed is a gift certificate as a donation.			
I request that Coleman Health Services create a gift certificate that can be used to claim the donation above.			
Certificate or donation will be ready for pick-up by:		Date:	
Certificate or donation will be delivered to Coleman Health Services by:		Date:	

Coleman Health Services Tax ID #34-1240178 (Coleman Professional Services dba Coleman Health Services)
 The undersigned agrees to make the above donation to Coleman Health Services for Changing Destinies 2024.

Signature:	
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Thank You for Supporting Coleman Health Services!

Email completed form to howtohelp@colemanservices.org or mail to Coleman Health Services, Attn: Cathy Zinn, 5982 Rhodes Rd., Kent, OH 44240. For more information visit www.colemanservices.org/ChangingDestinies2023 or call 330-676-6876