



Gift In Kind Commitment

DATE: _____

DONOR/CONTACT NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____

PHONE: _____

DONOR SIGNATURE: _____

DESCRIPTION OF ITEM DONATED:

VALUE OF DONATION (as assessed by donor): \$ _____

Please return completed form to:

Lauralton Hall, Irish Night, 200 High Street, Milford, CT 06460

LAURALTON HALL FEDERAL TAX ID NUMBER: 06-0653077

Questions? Call 203-877-2786, ext. 143 or IrishNight@lauraltonhall.org



OFFICE USE ONLY:

Solicited/Received by _____ Date: _____

LH Representative: _____ Date: _____