



EOD WARRIOR
FOUNDATION

For EODWF use only

ITEM NUMBER

ITEM INFORMATION SHEET

(Please fill in ALL required information)

Company or Individual Name Donating Item: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone Number: _____

*Item(s) Fair Market Value: _____ \$

Item Description(s):

* In accordance with the IRS, determination of value of these items is incumbent upon the donating organization.

Please respond with your determination of the fair market value for your in-kind contribution so we may record the donation appropriately.

Return form with items, send to:

Melissa Tackitt 1576 Pine St., Niceville, FL 32578

or email to Melissa@eodwarriorfoundation.org .

Do not hesitate to contact us with questions: (540) 554.4550