



WAKE UP NARCOLEPSY | COLORADO

STEP UP FOR SLEEP

IN-KIND DONATION FORM

CONTACT INFORMATION

DONOR CONTACT: _____

TITLE: _____

DONOR NAME/COMPANY: _____

DONOR ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ EMAIL: _____

DONATION INFORMATION

PRODUCT TO BE DONATED: _____

FAIR MARKET VALUE (\$ AMOUNT/PRODUCT AMOUNT): _____

VALUE DETERMINE BY: _____

AUTHORIZATION

We authorize Wake Up Narcolepsy to include our corporate name and/or logo on all items consistent with our sponsorship selection, as provided by our corporation.

AUTHORIZED SIGNATURE: _____ DATE: _____

Please scan and return the completed form and logo (.jpg) to
stepupforsleep@wakeupnarcolepsy.org.

Or mail hard copies to: Wake Up Narcolepsy
PO Box 60293
Worcester, MA 01606

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EIN # 26-3768711*