

## RECORD OF IN-KIND DONATION

Business Name				
Contact Name				
Street Address				
City, State, Zip				
Phone Number				
E-Mail Address				
Description of Dona	ation:			
Value of Donation:	\$			
The Breast Cancer A Federal Tax ID# 03-0		` '	on-profit organization.	
Additional Comme	nts:			
Acknowledged by _	Donor Name		Date	
	Donor Fune			

Submit to:

Breast Cancer Education Association (BCEA) 1027 W. Roselawn Avenue Roseville, MN 55113 info@breastcancereducation.org

phone: 651-487-3578