

In-Kind Donation Agreement

9TH Annual Ride for Hope
Ovarian Cancer Awareness Motorcycle Ride & Party
Sunday July 14, 2024
www.rideforhopeil.org (224)422-9914



Sponsor Information

Name of Company or Individual _____

Contact Person _____

Email _____ Phone _____

Address (including city, state and zip code) _____

In-Kind Donation

Item: _____ Value \$ _____

Will drop off or need to be picked up? (circle one)

Expiration Date i _____

Description: _____

Any necessary info we need to provide to the winner? _____

Items need to be obtained by Ride for Hope by July 1 ST, 2024

THANK YOU!

If you are mailing, please mail to Ride for Hope 511 ARGYLL LANE Schaumburg, IL 60194

Signature

Print Name _____ Title _____

Signature _____ Date _____