



**5th Annual Family Carnival on May 4, 2008
In-Kind Donation of Goods/Services & Sponsorship Form**

Donor Information

Donor/Contact Name: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

*This is an irrevocable gift to the University of California, San Diego (UCSD) Shiley Eye Center and shall be used for the **4sight4children** Family Carnival on May 4, 2008. **4sight4children** is a fund within UCSD, which is a 501(c)3 organization; TAX ID# 95-2872494.*

Signature: _____ Date: _____

Item Information

Description of item: _____

Fair Market Value OR Sponsorship Amount: \$ _____

Volunteer/Solicitor _____

Please list any restrictions, limitations and expiration dates:

***Please mail item to Karen Anisko at the address below and fax the
In-Kind Donation Form to: 858-534-4984***

- Gift Certificate Enclosed Product Enclosed Sending Certificate or Product

For further information, please email kanisko@ucsd.edu or call 858-534-8017.

4sight4children

University of California, San Diego, Shiley Eye Center
9415 Campus Point Drive • La Jolla, CA 92093-0946 • Tel: (858) 534-8017 • Fax: (858) 534-4984
Website: <http://eyesite.ucsd.edu/4sight4children> • Email: 4sight4children@eyecenter.ucsd.edu