



LET YOUR EQUIPMENT PLAY EXTRA INNINGS

Donor Information

Donor Name: _____

Parent(s) Name(s) (if child is under 18): _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Phone Number(s): _____

Donation Date: _____

How did you get connected to Pitch In For Baseball? _____

What motivated you to Pitch In? _____

(Use back of paper if necessary)

- Check here if you give PIFB permission to use your quote/story in promotional pieces (i.e. website, brochures, social media)



Donation Receipt

Thank you for your donation to Pitch In For Baseball (PIFB).

Date of Donation: _____

Number of items donated: _____

Amount of Shipping: _____

Estimated Value: \$ _____

PIFB is a registered 501(c)(3) organization (EIN #86-1141299).

www.pifb.org



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