

The Autism Project of Palm Beach County Presents



**Donated Item Form**

Parent Name: \_\_\_\_\_ Drop Off Date: \_\_\_\_\_

Donor Name: \_\_\_\_\_ Market Value: \_\_\_\_\_

Donor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Donated Item: \_\_\_\_\_

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Donor Name: \_\_\_\_\_ Market Value: \_\_\_\_\_

Donor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Donated Item: \_\_\_\_\_

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Autism Project of Palm Beach County is a 501(c)3 Corporation; EIN 52-2007008  
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