



B.A.A.K. Benefit
Donation Form
www.baakofswla.com
www.etcyouth.org



CONTACT INFORMATION (Please print or type)

Donor Name: _____ Date: _____

Contact Name (If donor is a company): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Web site: _____

DONATION

_____ Monetary Donation Amount Cash _____ Check _____

_____ Item Donated *Fair Market Value of donated item:* _____

*Complete Description of Item: _____

SERVICE OR GIFT CERTIFICATE INFORMATION REQUIREMENTS

If you are donating a gift certificate for a service, please include the following information in the certificate or letter.

- **Name of product or service**
- **Description of what is included and what is excluded**
- **Name, address and full contact information for you or your company**
- **Instructions on how to redeem item**
- **Include any additional information such as a photo or description brochure as appropriate**
- **Date of expiration**

DELIVERY OPTIONS: (Check one)

- I would like to have a B.A.A.K. Benefit worker pick up our donation.
- I, or a representative of my company, will bring the above listed item(s) to ETC, 2400 Merganser, Building B, Lake Charles (located in the Chennault Airpark)

B.A.A.K. Benefit proceeds benefit Harbour House ETC, the emergency shelter for children. Educational & Treatment Council, Inc. (ETC) is a 501 (c)3 non-profit organization. Our tax identification number is 72-0761245.

Please fax completed form to (337) 439-1094, email to amy@etc-youth.org or call (337) 433-1062 to have a worker pick up the form and donation.