



Moveable Feast Non-Food Donation Form

Donor's Name: _____ Date: _____

Donor's Address: _____

Phone: _____ Email: _____

Organization (if applicable): _____

Type of Donation: _____

Description: _____

Received by Moveable Feast staff member: _____

Weight of items (if toiletries): _____ Lbs.

Monetary Value: \$ _____

*If you would like a thank you note/receipt please contact Jack Pinder
at (410) 327-3420 x23 or jpinder@mfeast.org*

Thank you for your generosity. We appreciate your support!