



In-Kind Donation Form

Donated Item:

Donor Stated Value: \$ _____

The gift is enclosed

Please contact me to schedule a pick-up

Donation Made By:

Name: _____

Company (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail Address: _____

Signature: _____

Camp Kudzu is a non-profit 501(c)(3) organization providing education, recreation, and peer-networking programs for Georgia's children and youth living with diabetes and their families. Led by dedicated volunteers, medical professionals, and a small professional staff, Camp Kudzu offers three week-long summer camp sessions, family camps and gender-specific weekend retreats for teenagers.

Email: amedley@campkudzu.org

Please return to Amber Medley:

Fax: 404-250-1812 Mail: 577 Concord Road Suite B Smyrna, GA 30082

Federal Tax ID #: 58-2449646