

Missouri Youth Leadership Forum In-Kind or Wish List Items Donation Form

General Information

Con	npany Name: (if applicable)			
Con	itact Name:			
Mai	iling Address:			
City	:	State:	Zip:	
Pho	ne:	Email:		
In-	Kind Gift Donation			
۱v	would like to donate:			
	Giveaway/door prizes			
	Description of item(s)			
	Backpack goodies or promotional prod	ucts.		
	Description of item(s)			
	Items or supplies off Wish List			
	Description of item(s)			

In-Kind or Wish List Donation Level

- Sponsor name printed program handbook and keepsake banquet program.
- Sponsor name listed on website under in-kind donations.

Please send your completed form and contributions by June 1 to:

MO-YLF Governor's Council on Disability 301 West High Street, Room 620 P. O. Box 1668 Jefferson City, MO 65102

If you are located in or near Jefferson City and would like to make arrangements for items to be dropped off or picked up instead of mailing them, please contact MO-YLF at gcd@oa.mo.gov or 573-751-2600