



DONATION FORM

Donor: _____

Address: _____ Zip Code: _____

Email: _____ Telephone: _____

_____ Yes, I'd like to be added to the mailing list

_____ Yes, I'd like to receive information on special events

I'd like to donate:

Number of Items		Brand	Condition
_____	Helmet	_____	_____
_____	Shoulder Pads	_____	_____
_____	Elbow Pads	_____	_____
_____	Hockey Gloves	_____	_____
_____	Hockey Pants	_____	_____
_____	Hockey Socks	_____	_____
_____	Shin Guards	_____	_____
_____	Skates	_____	_____
_____	Sticks	_____	_____
Other (Please specify) _____		_____	_____

* After filling out form, please email it to ihih@icehockeyinharlem.org.