Impact100™ ATLANTA

2024 COMMUNITY WISH LIST

[Insert Name of Organization]	
Mission:	
Donations	
Website and Link to Donate:	
Mailing Address For Checks:	
In-Kind Donation Requests	
Address for Drop Off:	
Days of Week Accepted:	
Times of Day Accepted:	
Drop off Instructions/ Limitations/Notes:	
Organization Contact for In-Kind Donation Questions:	**Name:** **Email:** **Phone:**
Donation Requests:	
Volunteer Opportunities	
Volunteer Coordinator:	**Name:** **Email:** **Phone:**
Volunteer Opportunities:	