# IN-KIND DONATION FORM

***ALL information required for our Foundation Department. Please print legibly.***

***Please have donor fill in an estimated value so that the item can be counted as a donation***

| Item Description | Number of Items | *$ VALUE** |
|---|---|---|
| | | |
| | | |
| | | |

***This information is required by our Auditors. Please make your best guess if not known.**

## A) INDIVIDUAL DONOR(S) – Please complete

***All information required. (Please fill in so that the gift can be acknowledged-Info is never shared)***

**Name:** _____

**Address:** _____

_____

**Phone #:** (_____) _____

**E-mail Address:** _____

**OR**

## B) ORGANIZATION/COMMUNITY GROUP – Please complete

***All information required. (Please fill in so that the gift can be acknowledged-Info is never shared)***

**Group Name:** _____

**Contact Person:** _____

**Address:** _____

**Phone Number: (  )** _____

**E-mail Address:** _____

**Describe Your Community Project** (*If applicable*)**:** _____

**How many group members participated in this project? (***If applicable***) *** _____

**How many estimated hours total did this project take? (***If applicable***) *** _____

**** These hours are recorded as donated hours and it is important info for us.***

**Thank you for thinking of the patients at Children's Specialized Hospital. **
Your kindness is appreciated! ☺

***For Internal Use Only*:** **Date Received:** _____

***** IMPORTANT: Please send this form to Kenna Saadeh- Vol MTN within 2 days of receiving items*****

**CSH EMPLOYEE: *PLEASE FILL IN AREA BELOW SO IF THERE ARE QUESTIONS WE CAN CONTACT YOU***

**Received by (CSH Employee Name):** _____ **CSH Location/Ext:** _____ **(2/23)**