



Gift-in-Kind Donation Form

Date: _____

Donor Name: _____

Company Name: _____
(if applicable)

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ E-Mail Address: _____

Description of item(s) donated (please be specific): _____

Dollar Value as determined by Donor: _____

♦Le Bonheur is not allowed to determine the value of this donation.
Any questions regarding the value of non-cash gifts and tax-deductibility
should be directed to your financial advisor.♦

Donor Signature: _____

Received By: _____
(Le Bonheur representative)

Additional Information (name of event for which this item was provided, special instructions, etc., if applicable)

**THANK YOU FOR YOUR SUPPORT OF
LE BONHEUR CHILDREN'S MEDICAL CENTER!**