

# Gift-in-kind donation form



Donor & Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Description of item(s) donated (please be specific): \_\_\_\_\_

Dollar value as determined by the donor: \_\_\_\_\_

Donor signature: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for supporting Le Bonheur Children's Hospital.**



Date: \_\_\_\_\_

Description: \_\_\_\_\_

Dollar value as determined by the 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.)*

Received by: \_\_\_\_\_