



## We Got Heart Gift In-Kind Donation Form (EC 21-22)

Mail to: Phoenix Children's Hospital Foundation OR Fax to: (602) 933-2644  
2929 E. Camelback Rd., Suite 122  
Phoenix, AZ 85016

Date of Donation: \_\_\_\_\_

### DONOR INFORMATION:

Donor/Company Name: \_\_\_\_\_

Contact Name (if business): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

### GIFT INFORMATION:

- Restricted We Got Heart Gift In-Kind Donation EC 21-22  
(Fund/Department Name)

Value: \$ \_\_\_\_\_

If claiming \$5,000 or more on your taxes, you must obtain a qualified, written appraisal at time of donation. See IRS Publication 561 and/or consult with your tax accountant.

In-Kind Gift Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Phone #: \_\_\_\_\_