



GIFT IN-KIND FORM

DONOR INFORMATION:

Date of Donation: _____

Individual Donor: Title _____ First Name _____ M.I. _____ Last Name _____
(Mr./Mrs./Ms., Other)

OR

Child's Name, if donation by minor: _____

Business Donor: Business Name _____

Business Contact Name **Required for Business** _____
Title First Name Last Name

Mailing Address: _____ Suite/Apt./Unit # _____

City: _____ State: _____ Zip Code: _____

Mobile: (_____) _____ Business: (_____) _____

Home: (_____) _____ E-Mail: _____

GIFT INFORMATION:

IN-KIND GIFT DESCRIPTION:

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.

Additional Notes/Event Info/Etc. _____

THANK YOU FOR YOUR DONATION!

Please accept a copy of this form as your receipt

No goods and/or services have been provided to the donor by Phoenix Children's or the Phoenix Children's Foundation in Consideration of this gift. Tax ID No 74-2421549

OFFICE USE ONLY:

APPEAL: _____ PACKAGE: _____ FUND: _____ CAMPAIGN: _____ SOLICITOR: _____

Original-Return to Foundation

Copy-Donor Receipt

Please return completed original to FOUNDATION via interoffice mail