

# In-Kind Donation Form



## DONOR INFORMATION

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DATE: \_\_\_\_\_ \*DONOR IS:  Organization/Company/Group  Individual

\*DONOR NAME(S): \_\_\_\_\_

\*TITLE:  Mr.  Mrs.  Ms.  Other: \_\_\_\_\_

\*CONTACT NAME OF ORGANIZATION/COMPANY/GROUP: \_\_\_\_\_

\*ADDRESS OF DONOR (attach business card if applicable):  Business  Home

\_\_\_\_\_  
Address City State Zip Code

\*PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \*EMAIL: \_\_\_\_\_

## DONATION INFORMATION

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\*VALUE OF DONATION: \$ \_\_\_\_\_ (Receipt/Appraisal Form Required)

\*DESCRIPTION OF IN-KIND DONATION: \_\_\_\_\_

\*RESTRICTION(S) (if applicable): \_\_\_\_\_

\*DONOR SIGNATURE: \_\_\_\_\_

*\*Required Fields*

### FOUNDATION OFFICE USE ONLY

DONATION DESIGNATION: \_\_\_\_\_  
(Department or Program)

DONATION RECEIVED BY: \_\_\_\_\_  
(Grady Health System Personnel - Please print name)

DEPARTMENT: \_\_\_\_\_ EXT: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ACKNOWLEDGED: \_\_\_\_\_ ENTERED: \_\_\_\_\_

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For assistance in completing this form or to return your completed form, please contact:  
The Development Team at Grady Health Foundation  
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[www.GradyHealthFoundation.org](http://www.GradyHealthFoundation.org)