



IN KIND GIFT DONATION FORM

DONOR INFORMATION

Name (*First, Last Name*): _____

Company Name (*if applicable*): _____

Street Address: _____

City, State, Zip: _____

Telephone: _____

E-mail: _____

GIFT ITEM INFORMATION

Description: _____

Restrictions: _____

Estimated Value: \$ _____

DONOR SIGNATURE: _____ Date: _____

- Be specific in describing items and the amount being donated. Please note any restrictions or limitations such as expiration dates.
- Your contribution is tax-deductible to the extent allowed by law.
- We will send you a letter acknowledging your contribution.
- Please return this form along with your in kind gift to:
Mercy Health Foundation, 301 St. Paul Place, Baltimore, MD 21202