



IN-KIND DONATION FORM

RECEIPT OF ITEMS

CAPITAL HEALTH STAFF: If you have questions prior to accepting the donated item(s), please call Capital Health Foundation office at 801-4121 for guidance.

DONOR INFORMATION (PLEASE PRINT)

SELECT ONE: Mr. Mrs. Ms. Miss Other _____

NAME

COMPANY NAME

TITLE

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

DONATION INFORMATION

DATE DELIVERED

QUANTITY

VALUE

DESCRIPTION OF ITEM(S) DELIVERED

TO BE USED FOR/BY

----- BELOW TO BE COMPLETED BY CAPITAL HEALTH STAFF -----

RECEIVED BY

NAME

DATE RECEIVED

DEPARTMENT

LOCATION

PHONE

EMAIL

PLEASE EMAIL COMPLETED FORM TO CAPITAL HEALTH FOUNDATION OFFICE

Capital Health Foundation • donate@capitalhealth.org • (609) 303-4121