

CONTACT INFORMATION

Donor(s) Name

Organization

--	--

Address

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City

State

Zip Code

--	--	--

Phone

Email

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GIFT INFORMATION

Description

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Estimated Value

Determined By

\$	
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Estimated Value: Please attach documentation for the value above.**ACKNOWLEDGMENT**

Please use the following name(s) in all acknowledgment and recognition materials:

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Examples: Mr. and Mrs. John Williams – Mary and John Williams – The John Williams Family☐ I/We wish to remain anonymousYour gift today helps transform healthcare and improve well-being for our entire community. **Thank you!****Completed by**

Printed Name

Printed Name

--	--

Signature

Date

Signature

Date

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**CLICK HERE
TO SUBMIT**electronically completed
form via email**FOR OFFICIAL USE ONLY**

Note

Officer

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Finding Cures. Saving Lives. Transforming Healthcare.