



GIFT IN-KIND FORM

DONOR INFORMATION:

Company/Name of donor(s): _____

Address: _____ Phone: _____

Email: _____

GIFT INFORMATION:

Description: _____

Item Restrictions: _____ Estimated Retail Value: _____

Please email back to: kdecker@honorhealth.com

Your gift will support Croquet for a Cure, benefiting the New Cognitive Clinic at the HonorHealth Bob Bové Neuroscience Institute.

We respect your right to privacy and shall treat and protect your financial and other personal information as confidential materials to the extent permitted under applicable State and Federal statutes. By signing below, I/we agree to fulfill the terms of this gift commitment.

Completed by:

Name/Signature

Date:

For Official Use Only:

Campaign	_____	Fund	_____	Appeal	_____
Constituent ID	_____	Soft Credit	_____	Officer	_____
Notes	_____ _____				

Thank you for your generous support!

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