HONORHEALTH®
Foundation

Croquet for a Cure Gift In-Kind Form

CONTACT INFORMATION

Donor(s) Name

Organization

Address

City

State

Zip Code

Phone

Email

GIFT INFORMATION

Description

Estimated Value

$

Determined By

Estimated Value: Please attach documentation for the value above.

ACKNOWLEDGMENT

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

Examples: Mr. and Mrs. John Williams – Mary and John Williams – The John Williams Family

☐ I/We wish to remain anonymous

Your gift today helps transform healthcare and improve well-being for our entire community. **Thank you!**

Completed by

Printed Name

Signature

Date

Printed Name

Signature

Date

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Officer

Note

Finding Cures. Saving Lives. Transforming Healthcare.

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