



GIFT IN-KIND FORM

DONOR INFORMATION:		
Name of donor(s):		
Address:		Phone:
Email:		
GIFT INFORMATION:		
Description:		
Estimated Value: \$	Determined by:	
Estimated Value: Please	attach documentation for the	value above
Please email back to: \underline{c}	tjaden@honorhealth.com	
	shall treat and protect your financial and oth der applicable State and Federal statutes. By	er personal information as confidential signing below, I/we agree to fulfill the terms of
Completed by:		
Name/Signature		Date:
For Official Use On	ly:	
Campaign	Fund	Appeal
Constituent ID	Soft Credit	Officer
Notes		

Thank you for your generous support!