



We Got Heart Gift In-Kind Donation Form (EC 20-21)

Mail to: Phoenix Children's Hospital Foundation OR Fax to: (602) 933-2644
2929 E. Camelback Rd., Suite 122
Phoenix, AZ 85016

Date of Donation: _____

DONOR INFORMATION:

Donor/Company Name: _____

Contact Name (if business): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home: (____) _____ Business: (____) _____

E-mail: _____

GIFT INFORMATION:

- Restricted We Got Heart Gift In-Kind Donation EC 20-21
(Fund/Department Name)

Value: \$ _____

If claiming \$5,000 or more on your taxes, you must obtain a qualified, written appraisal at time of donation. See IRS Publication 561 and/or consult with your tax accountant.

In-Kind Gift Description:

Completed by: _____ Phone #: _____