



Special Event Gift In-Kind Contribution Form  
**DONOR INFORMATION**

Donor Name: \_\_\_\_\_

Contact name if donor is business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Donor's Estimated Retail Value of Donation: \$ \_\_\_\_\_ (required for processing)

Description of Donation (please be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Item/Certificate accompanies this form  BHF to create a certificate on my behalf

Item can be picked up at: \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

---

**FOR OFFICE USE ONLY:**

Received by: \_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

(BH/BHF Employee)

**Please complete and return to:**

Banner Health Foundation

[Golf@BannerHealth.com](mailto:Golf@BannerHealth.com)

Fax: (602) 747-3378 ■ Phone: (602) 747-4483

2901 N. Central Avenue, Suite 160, Phoenix, AZ, 85012