



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

Fax: (602) 747-3378 ■ Phone: (602) 747-4654

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