



In-Kind Donation Form

Please print clearly

Date: _____

Name: _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Description of donated item(s): _____

Estimated retail value of donated item(s) _____

Would you like to be on our mailing list? Yes No

*Thank you for thinking of Blythedale Children's Hospital.
We appreciate your support*

*Blythedale is a 501 © (3) registered tax-exempt organization.
Your donation is tax-deductible to the extent allowed by law*

For Internal Use:

Received by: _____ Extension: _____

Signature: _____ Date received: _____