



capitahealth

IN KIND DONATION FORM RECEIPT OF ITEMS

FOR CAPITAL HEALTH STAFF: *Prior to accepting the donated item(s), please call the Development office at 801.4121 for approval and/or direction.*

DONOR INFORMATION (PLEASE PRINT)

Acknowledge to: Name (select one) • Mr. / • Mrs. / • Ms. / • Miss / • Other _____

Title Company Name

Address

City State Zip

Phone Email

DONATION INFORMATION

Date Received Quantity Value

Description of Item(s) Received

To be used for/by

RECEIVED BY

Name

Department Location

Phone Email

Please send original form to the Development office and give the donor a photocopy at the time of receipt.

Capital Health Development Office • Two Capital Way, Suite 361 • Pennington, NJ 08534 • 609.303.4121