capitalhealth

IN KIND DONATION FORM

RECEIPT OF ITEMS

CAPITAL HEALTH STAFF: If you have any questions prior to accepting the donated item(s), please call the Capital Health Foundation office at 801.4065 for guidance.

DONOR INFORMATION (PLEASE PRINT)

Select one: ○ Mr. ○ Mrs. ○ Ms. ○ Miss ○ Other _____

Name

Company Name | Title

Address

City | State | Zip

Phone | Email

DONATION INFORMATION

Date Delivered | Quantity | Value

Description of Item(s) Delivered

To Be Used For/By

BELOW TO BE COMPLETED BY CAPITAL HEALTH STAFF

RECEIVED BY

Name | Date Received

Department | Location

Phone | Email

PLEASE EMAIL COMPLETED FORM TO CAPITAL HEALTH FOUNDATION OFFICE

Capital Health Foundation • foundation@capitalhealth.org • 609.303.4065