



GIFT-IN-KIND DONATION FORM

Donor Information

Donation is from an individual: *(proceed to section A)* Donation is from an organization: *(proceed to section B)*

Section A: Individual Information:

Title: Mr. Mrs. Ms. Miss. Dr. Other: _____ Marital Status: Single Married Widowed
First Name: _____ M.I. _____ Last Name: _____ Suffix: _____
Address: _____ City, State, Zip: _____
Preferred Phone: _____ Preferred Email: _____
Birthdate: _____ Spouse Name: *(if applicable)* _____ Spouse Birthdate: *(if applicable)* _____

Section B: Organization Information:

Organization Name: _____ Contact Name: _____
Title: Mr. Mrs. Ms. Miss. Dr. Other: _____ Position: _____
Address: _____ City, State, Zip: _____
Preferred Phone: _____ Preferred Email: _____

Section C: Exceptional Care Section:

- I have personally experienced the exceptional care provided by SSM Health Cardinal Glennon Children's Hospital
- A member of my family has experienced the exceptional care provided by SSM Health Cardinal Glennon Children's Hospital.

Donation Information

all data in this section is required

Donation Date: _____ Est. Fair Market Value: _____ Gift is Anonymous:

Donated Goods Donated Professional Services

Designation /Restriction: _____ Appeal / Event: _____

Description of Item(s) Donated:

Return forms to: SSM Health Cardinal Glennon Children's Foundation

**Attention: Development Services
3800 Park Ave
St. Louis, MO 63110**

Staff Member Accepting / Completing Form: _____

For internal Office Use

How was this gift used? Auction Item Other day-of fundraising (Raffle, sale, etc.)
 Transfer to Hospital Give away/Swag Other: _____

Benefits provided: (circle one) Yes No Value of benefits received: \$ _____

Description of benefits received: _____

Section Completed by: _____ Date Section Completed: _____