

Gift In-Kind Contribution Form

DONOR INFORMATION

Donor Name: _____

Contact name (if donor is a 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: ____/____/____

FOR OFFICE USE ONLY:

Received by: _____ Date Received: ____/____/____
(BH/BHF Employee)

Please complete and return to:
Banner Health Foundation
2901 N. Central Avenue, Suite 160
Phoenix, AZ 85012
Fax: (602) 747-3378 ▪ Phone: (602) 747-4483
Email: foundationinfo@bannerhealth.com