



## Dr. Bear's Closet: In-Kind Donation Form

Department of Child Life & Integrative Care Services

<b>Date:</b>		<b>Received by:</b>	
<b>Donor is (check one):</b>	<input type="checkbox"/> Individual	<input type="checkbox"/> Organization/Business/Group	
<b>Donor Name:</b>			
<b>Point of contact for organization/business/group</b> (if applicable):			
<b>Street Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Email Address:</b>		<b>Phone:</b>	
<b>Donation Description and Quantity:</b>			
<b>Donor's Estimated Value of Donation*</b>		\$	
<b><u>Tribute Information (optional)</u></b>			
<input type="checkbox"/> I am making this donation in memory of: _____			
<input type="checkbox"/> Please send a notification about my tribute gift to:			
Name: _____			
Street Address: _____			
City: _____ State: _____ Zip: _____			

Thank you for your generous donation!

*\* According to IRS regulations, Children's National Hospital Foundation cannot attach a proper dollar value to your in-kind gift; however, you may wish to attach a value for your record-keeping purposes. Federal tax laws impose certain reporting obligations for charitable contributions of property other than cash. Tax ID 52-1640402*