



An event to support The Fund for Excellence in Women's Health & Medicine

In Kind Donation Form

Please print legibly.

Donor Information

Name (as it should appear in publications):

Address: _____

City, State, ZIP: _____

E-mail: _____

Telephone: _____

Gift In-Kind Item Information

Description: _____

Restrictions: _____

Estimated Value: \$ _____

Notes

- Please be specific in describing items and note any restrictions or limitations, such as specific dates of use, with the item. Please keep in mind the event date when providing expiration dates.
- Please provide an estimated value for the auction item, which will help to determine a beginning bid level.
- Your contribution is tax-deductible. We will send you a letter acknowledging your contribution.

Item is attached/being conveyed with this form.

Item can be picked up on:

_____ at _____
Date *Time*

Contact Person

Please return this form to:

Mercy Health Foundation
Attn: BRANANZA
301 St. Paul Place
Baltimore, Maryland 21202

OFFICE: 410-332-9290
FAX: 410-659-1194
E-MAIL: branza@mdmercy.com

Date Received: _____