



IN KIND DONATION FORM

Please Print

Donor \_\_\_\_\_

Company/Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Donor's Estimated Value of Donation \$ \_\_\_\_\_ \* (required for processing)

Description of Donation (please be specific) \_\_\_\_\_

\_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Donation \_\_\_\_\_

\_\_\_\_\_

Dropped off at Main Campus (Burnet Ave.) OR Liberty Campus (Yankee Rd.)

Received by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\* If you value your gift at \$5,000 or more, it is the donor's responsibility to obtain a qualified appraisal in order to substantiate a possible charitable deduction for tax purposes.

You can also mail your in kind donation to:

Cincinnati Children's Hospital
Department of Development, MLC 9002
3333 Burnet Avenue
Cincinnati, OH 45229

For more information, please contact:

Sara Coyle
sara.coyle@cchmc.org
phone: 513-636-8760
fax: 513-636-7173
www.cincinnatichildrens.org

Thank you for your generosity!