

Children's Hospital of Pittsburgh Foundation – GIFT-IN-KIND Form

Thank you for supporting Children's Hospital of Pittsburgh of UPMC.

So we may properly acknowledge your gift, please print clearly, complete all sections and return to:

**Children's Hospital of Pittsburgh Foundation
1251 Waterfront Place, Floor 5, Pittsburgh, PA 15222 or fax to 412-471-4394.**

DONOR INFORMATION:

Donor is: Organization School Individual (Child Student Adult)

Organization Name _____

Donor or Organization Contact Person:

Title: Mr. Ms. Mrs. Mr. and Mrs. Dr. Dr. and Mrs. Mr. and Dr. Other _____

First Name _____ M.I. _____ Last Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone () _____ - _____ (in case we have a question about your gift)

GIFT INFORMATION:

Date Given: ____/____/_____

Description of Gift-In-Kind(s) _____

Donor's estimated value of Gift-In-Kind donation: \$_____.

Designated Program or Area:

Greatest Need

Other _____

If gift is given in Memory/Honor of someone, please complete section below:

In Memory of (Name): _____

In Honor of (Name): _____

Send acknowledgement to:

Title: Mr. Ms. Mrs. Mr. and Mrs. Dr. Dr. and Mrs. Mr. and Dr. Other _____

First Name _____ Middle _____ Last Name _____

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Special Message to include in the letter:-

