



In-Kind Donation Form

On behalf of El Paso Children's Hospital, thank you for your donation. For reporting purposes, we ask that you provide the following information at the time that we receive your donation. You will receive a letter of acknowledgement from El Paso Children's Hospital Foundation that will serve as your tax-deductible receipt.

Date of Donation: _____

Donor Name: _____

Contact Person: _____

Phone Number: (____) _____ **Email Address:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Description of Donation: _____

Quantity: _____ **Estimated Value of Donation:** \$ _____

Donor Signature: _____ **Date:** _____

Staff Accepting Donation: _____ **Date:** _____

*All monetary donations are accepted by El Paso Children's Hospital Foundation.
Please call (915)521-7229 or email: foundation@elpasochildrens.org for more information.*