

**CONTACT INFORMATION**

Donor(s) Name

Organization

Address

City

State

Zip Code

Phone

Email

**GIFT INFORMATION**

Description

Estimated Value

Determined By

\$

**Estimated Value: Please attach documentation for the value above.****ACKNOWLEDGMENT**

Please use the following name(s) in all acknowledgment and recognition materials:

*Examples: Mr. and Mrs. John Williams – Mary and John Williams – The John Williams Family*

I/We wish to remain anonymous

Your gift today helps transform healthcare and improve well-being for our entire community. **Thank you!****Completed by**

Printed Name

Printed Name

Signature

Date

Signature

Date

**FOR OFFICIAL USE ONLY**

Officer

Note

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