

Gift in Kind Donation Form

Date: _____

Contributor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Home Phone: _____ E-mail: _____

Item: _____ Market Value: \$ _____

Contributor Restrictions: _____

Value of Benefit Offered to Contributor: \$ _____

Please Check One:

- Item enclosed
- Gift certificate provided
- Contributor will deliver
- Please contact me to arrange for pick-up / Date ____ / ____ / ____

Contributor's Signature: _____

Submitted by: _____

**Please mail to: St. Jude Memorial Foundation
1440 N. Harbor Blvd., Suite 200
Fullerton, CA 92835**

St. Jude Memorial Foundation is a 501(c)(3) organization. Federal tax identification #95-1643325
Contributions become the property of St. Jude Memorial Foundation.

Thank you, for your support!