

Gift-In-Kind Donation Form

Please print legibly. All fields are required.

Contact Name: _____

Company Name: _____
(Please include only if company should be credited for donation. Write N/A if not applicable.)

Address: _____
(Tax receipt will be sent to this address)

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

☐ Please check if
you prefer NOT to
receive a tax receipt.

Description of Donated Item(s): (Please include detailed description and quantity of items donated. This information will be included in your tax receipt **exactly** as written below.)

Total Value of Items (US\$): _____
(This amount will not be used for tax receipt purposes. For items without a value (i.e. autographed/handmade items), please write "Priceless.")

To be completed by UF Health Employee Securing Item(s):

Date Items Received by UF Health: ____/____/____

Item Secured for:

- | | | |
|---|--|---|
| <input type="checkbox"/> UF Health Shands Children's Hospital
(CH-GEN-CHLDD) | <input type="checkbox"/> Children's Miracle Network
(CH-CMN-2015) | <input type="checkbox"/> Child Life Services
(CH-GEN-CHLD) |
| <input type="checkbox"/> Hematology/Oncology- Pediatric
(CH-GEN-PCF) | <input type="checkbox"/> Hematology/Oncology- Adult
(CA-PCR-PAF) | <input type="checkbox"/> NICU
(UF-GEN-NICU) |
| <input type="checkbox"/> Event: _____
(Event Name) | <input type="checkbox"/> Other: _____
(Name of Unit) | |

Employee Name: _____

Phone: _____ Email: _____

Please fax or email this form along with any additional details to Jessica Clayton at (352) 265-7954(fax) or clayjb@shands.ufl.edu.

UF Health Office of Development
PO Box 100386
Gainesville, FL 32610-0386

For more information please call
(352) 265-7237.