

## In-Kind Donation Form

**DONOR NAME(s) as it should appear in recognition**

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Description of Item(s) Donated:** *(please attach additional information to describe your donation - websites, fact sheets, brochures, gift certificates.)*

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**Restrictions or Special Instructions:**

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**Total Value of Donation:**

\$

**Delivery Information**

- Donor will mail or ship to Queen of the Valley Medical Center Foundation.
- Donor will deliver to Queen of the Valley Medical Center Foundation office.
- Volunteer should call for pick-up instructions.

**Date available for pick up:** \_\_\_\_\_

***Please retain a copy for your records. Thank you for your support!***

*Queen of the Valley Foundation is classified as a 501 (c)(3) organization, Tax I.D. #23-7081153. Acknowledgements will be sent for all donations we receive. If you would prefer not to receive fundraising mail from the QV Foundation, please call us at 707-257-4044 or email us at [qvmcfoundation@stjoe.org](mailto:qvmcfoundation@stjoe.org). Please allow 4-6 weeks to honor your request.*