



Gift In Kind Donation Form

Donor's Name: _____

Name for Recognition: _____
(If different than above)

Address: **Business** **Home**

Phone: _____ **Business** **Home** **Email:** _____

Items Donated: _____

Description of Item: _____

Item Value: _____

Department Contact: _____

Phone: _____

Signature of Donor: _____ **Date:** _____
(Or Authorized Representative)

Primary Children's Hospital
Festival of Trees
Attention: Brandie Evans
36 South State Street, 8th Floor Salt Lake City, Utah 84111-1486
Federal Tax I.D. # 80-0225150