



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
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Federal Tax I.D. # 80-0225150