



# Child Life Gift in Kind Form

To Be Completed By Donor:

Date Contribution Made: \_\_\_\_\_

Item, Property, or Service Donated to Lancaster General Health:

Estimated Value: *(to be determined by donor)*

Amount: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Event/Program: \_\_\_\_\_

Will LG Health provide any goods or services for this donation? *(check one)*

No  Yes - Description: \_\_\_\_\_

The information above was provided for the purposes of complying with IRS Requirements and is accurate to the best of my knowledge.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Please complete and return to Kate Mullen, Lancaster General Health Foundation.***

For LGH/LGH Foundation Use Only:

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Program/Department/Service Line Benefitting from this donation:

Acknowledgement Sent: \_\_\_\_\_