



St. Joseph's Foundation
 Barrow Neurological Foundation
 The Congenital Heart Foundation
 Members of CHW

Please return completed form to:
 Office of Philanthropy
 St. Joseph's Hospital and Medical Center
 350 W. Thomas Rd.
 Phoenix, AZ 85013
Fax: (602) 406-1075
 Questions: (602) 406-1031

Non-Cash Donation

Please submit this form with your donation.

This donation is for *(please select one)*:

___ Barrow Neurological Foundation ___ St. Joseph's Foundation ___ The Congenital Heart Foundation

1. Company Name: _____ Dept: _____

2. Individual Name: _____ Position: _____

3. Address: _____ E-mail: _____

4. City, State, Zip: _____ Phone: _____

5. I hereby state that I am the owner or legal representative for the owner of the object(s) listed below, and that I intend to make an irrevocable gift to the Foundation to use as indicated below or at the Foundation's discretion in accordance with its policy and procedure.

6. Description of item(s): _____

7. Item(s) are being donated for *(specific department, program, area of greatest need, etc.)*: _____

8. Donor's estimated fair market value: \$ _____

 Signature

 Date

Thank You!

A letter of acknowledgement will be sent from the Foundation to the above address.

For office use: *(Items must be new and in original packaging when possible. Medical equipment cannot be accepted.)*

Gift accepted by: _____	Ext. _____	Date: _____
Department: _____		Cost Ctr: _____
Special notes: _____	Rcvd by Fndt: _____	