

Non-Cash Donation

Please submit this form with your donation



**St. Joseph's
Foundation.**

A Dignity Health Member

Please complete this form in its entirety and return to:

Office of Philanthropy | St. Joseph's Foundation
St. Joseph's Hospital and Medical Center
124 W. Thomas Road, Suite 250, Phoenix, AZ 85013

Questions: (602) 406-1038

Please provide the following information:

Company Name: _____ Dept: _____

Individual Name: _____ Position: _____

Address: _____ E-mail: _____

City, State, Zip: _____ Phone: _____

I hereby state that I am the owner or legal representative for the owner of the object(s) described 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.

Description of item(s):

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

Donor's estimated fair market value: \$ _____

Signature

Date

Thank You!

A letter of acknowledgement will be sent to the donor at the address provided above.

The Foundation is a 501(c)(3) organization. Contributions are tax deductible as allowed by law.

For office use: *(Items must be new and in original packaging when possible.)*

Gift accepted by: _____ Ext. _____ Date: _____

Receiving department: _____ Cost ctr: _____

Special notes: _____