

Non-Cash Donation

Please submit this form with your donation.



Please complete this form in its entirety and return to:

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

Fax: (602) 406-1075

Questions: (602) 406-3041

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 Foundations to the above address.
The Foundations are 501(c)(3) organizations. Contributions are tax deductible as allowed by law.*

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

Gift accepted by: _____ Ext. _____ Date: _____

Receiving department: _____ Cost ctr: _____

Special notes: _____