

Gift InKind Form

Tax ID #95-1643359

Date: _____

Name: _____

Circle One: Mr. / Mrs. / Ms.

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

Item(s) Donated (Description):

X _____
Donor Signature

X _____
Employee Received by Signature

For Foundation Office Use:

Foundation Staff: _____ Constituent ID: _____

Fund Description: _____ Appeal: _____

St. Joseph Hospital Foundation
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Orange, CA 92868
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Fax: (714) 347-7555