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**DONATION INFORMATION SHEET**

**TO BE COMPLETED BY DONOR**

**DONOR INFORMATION:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mr. Mrs. Ms. Dr. First Name: \_\_\_\_\_

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

Spouse's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Home Cell Office

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

**DETAILS OF DONATION ITEMS/VALUE:**

Intent of Donation: \_\_\_\_\_

Donor's Total Estimated Value of Donation: \$ \_\_\_\_\_

Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This donation is tax-deductible to the extent allowed by law.  
No goods or services were exchanged in return for this donation.

# HARRISHEALTH SYSTEM

## ITEMIZED LIST

Donation/Tangible Item Information		
Quantity	Description of Item	Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b><u>Total</u></b>		\$