



# Children's Hospital Foundation

## GIFT IN KIND FORM – INDIVIDUAL/GROUPS

Date: \_\_\_\_\_

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

Adult's name if donor is a minor: \_\_\_\_\_

Name of Organization (if applicable): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Gift Description

Quantity: Item Type	Quantity: Item Type	Quantity: Item Type
_____ Pillowcase	_____ Crocheted or knitted hat	_____ Books
_____ Blanket/Quilt	_____ Art supplies	_____ Toys
_____ Other _____		

Total Hours: \_\_\_\_\_ (if applicable)

Fair Market Value (as estimated by donor): \$ \_\_\_\_\_

While the foundation does not assume responsibility for establishing the value of your gift, we do encourage you to set your own value for the donated items and to use this form to confirm our receipt of your gift.

The Children's Hospital Foundation is a 501 (c) (3) tax exempt organization. Our Tax ID number is: 61-6027530. For more information call (502) 629-8060.

**Thank you so much for your support of Norton Children's Hospital.**

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**STAFF PLEASE FILL OUT BELOW**

Received by: \_\_\_\_\_ Department: \_\_\_\_\_

Thank you sent by: \_\_\_\_\_ Date: \_\_\_\_\_

Additional notes: \_\_\_\_\_

**PLEASE FORWARD TO THE FOUNDATION OFFICE**  
Internal Mail 58-4 or 234 E. Gray Street, Ste. 450, Louisville, KY 40202