

# Ascension St. John Hospital In-Kind Gift Donation Form

For questions, please contact [specialevents@ascension.org](mailto:specialevents@ascension.org).

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

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home  Business  Cell

Name for Recognition (if different than above): \_\_\_\_\_

**Lochmoor Fights Cancer** donations due by Friday, July 16, 2021.

## Gift Description:

\*Donor's Estimated Fair Market Value of Contribution: \$ \_\_\_\_\_

Committee Representative: \_\_\_\_\_

### Please check one:

- My donation accompanies this form.
- I will deliver the donated item to Ascension St. John Foundation Office by: \_\_\_\_\_ (Date)
- Please call to arrange pick up of donated item.

Signature of Donor: \_\_\_\_\_ Date: \_\_\_\_\_

Ascension St. John Foundation gratefully acknowledges your in-kind contribution. This contribution is accepted, without reservation, for Ascension St. John Foundation's use, resale, or disposal. Ascension St. John Foundation has not provided any goods or services to you in consideration for your contribution.

*The value of any item, regardless of the amount, is used for internal gift reporting purposes only – Ascension St. John Foundation is unable to include the estimated value on a donor receipt. It is the responsibility of the donor to substantiate the fair market value for their own tax purposes.*

Ascension St. John Foundation  
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