

Gift-in-Kind Donation Form

Donor Information

Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Gift Information

Event, Program or Department _____

Name (Individual or Company) _____

Item Description: (Write brief description of item/service donated, special restrictions, if any, and attach supporting documentation if available.)

Retail value: \$ _____

The Foundations of Hawai'i Pacific Health reserves the right to package items.

Gift Delivery

☐ Please pick-up donation on _____ from _____

☐ We will mail your donation to the address below.

Signatures

Signature: _____ Date: _____

Please return this donor form by _____ by fax to 808-535-7111 or email to
foundations@hawaiipacifichealth.org.