

In-Kind Donor Form

38th Annual Charity Golf Tournament
Friday, September 21, 2018

For day of event recognition, please return this form to
St. Mary's Medical Center Foundation by September 5, 2018.

In-Kind Donor Information (please print)

Donor (As you would like it to appear in the program)

Other names to be included in the listing

Name (If different from Donor listing above)

Website Address

Mailing Address

City

State

Zip

Email

Phone

Fax

Donated Item (please print)

Description Details of Donation

Restrictions/Special Conditions/Expiration Date? Please provide complete details.

\$ _____
Estimated Fair Market Value

DELIVERY

I will deliver (by September 7th) Please contact me to arrange pickup

CERTIFICATES

I will provide gift certificate Please create gift certificate

Make a Monetary Donation

\$ _____
Estimated Fair Market Value

Questions? Please contact Markham Miller. Return completed form by September 5, 2018:

St. Mary's Medical Center Foundation • 450 Stanyan Street • San Francisco • CA 94117
415-750-8158 • stmarysfoundation@dignityhealth.org • www.supportstmaryssf.org • Fax 415-750-8132

Thank you for your support! Your donation may be tax deductible.
Please consult your tax advisor.

IRS 501(c)(3) Organization / Federal Tax ID #94-3336143

Item ID# _____

Note _____



**St. Mary's Medical Center
Foundation.**
A Dignity Health Member