

# NON-CASH DONATION FORM

Please complete this form if you plan to donate **ITEMS** from Lorenzo's Wish List. Please **CALL AHEAD** at (254) 935-4185 to schedule your donation drop-off.

**USE BLACK INK ONLY**

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

**Designation (for Foundation use only):**

Foundation: BSW Central Texas Foundation  
Department: Child Life  
Facility: BSW McLane Children's Medical Center

Designation: 62242 (Child Life)  
Appeal Code: McLane Children's  
Package Code: Lorenzo's Letter23

Title:  Mr.  Mrs.  Ms.  Miss  Dr.  Reverend  Honorable

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

Company (if applicable): \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_  Home  Work  Cell  Other

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

Non-Cash Donation Items:

#	Item Description	Quantity	Estimated Value
1			
2			
3			

*Additional space on reverse side.*

**Total Estimated Value: \$** \_\_\_\_\_

Notes: \_\_\_\_\_

Your contribution to this 501(c)3 organization is tax-deductible to the extent allowable by law.

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

**To be completed by BSWH**

BSW Representative Name: \_\_\_\_\_

BSW Representative Email or Phone: \_\_\_\_\_

BSW Foundation Staff Name: \_\_\_\_\_

BSW Foundation Staff Email or Phone: \_\_\_\_\_

Non-Cash Donation Items (continued):

#	Item Description	Quantity	Estimated Value
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			

**Total Estimated Value: \$** \_\_\_\_\_

Your contribution to this 501(c)3 organization is tax-deductible to the extent allowable by law.

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

**To be completed by BSWH**

BSW Representative Name: \_\_\_\_\_

BSW Representative Email or Phone: \_\_\_\_\_

BSW Foundation Staff Name: \_\_\_\_\_

BSW Foundation Staff Email or Phone: \_\_\_\_\_