GIFT-IN-KIND 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: Direct Mail
Package Code: Lorenzo's Letter

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

Donor Name: _____

Organization (if applicable): _____

Organization 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 organziation is tax-deductible to the extent allowable by law.

Donor Signature: _____ Date _____

Baylor Scott & White
CENTRAL TEXAS FOUNDATION

Non-Cash Donation Items (continued):

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

Total Estimated Value: $ _____

Your contribution to this 501(c)3 organziation 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: _____