

Procurement Number: _____

Item/Package Number: _____

Catalog Number: _____

DONATION FORM

CONTACT INFORMATION

Donor | Company Name: _____

Contact Person (if donor is a company) : _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email Address: _____

Do you wish to remain anonymous? Yes ☐ No ☐

ITEM INFORMATION

Name of Donated Item: _____

Description: _____

Conditions/Restrictions: _____

Expiration Date: _____ Estimated Fair Market Value: _____

☐ Gift Certificate ☐ Item Attached ☐ Donor Will Deliver ☐ Need Item Pick-up

Approximate Date for Item Delivery or Pick-Up: _____

Donor | Authorized Organization Representative Name: _____

Donor | Representative Signature : _____

Date: _____

Barnes-Jewish St. Peters & Progress West Foundation is a tax-exempt, not-for-profit organization. Your contributions are tax-deductible to the extent allowed by law. For tax references, our Federal Tax ID # is 45-4471497. Please contact 636-916-7138 with any questions.

FOR OFFICE USE ONLY

Date Received: _____

Follow Up Needed Details: _____

Entered By (Sign & Print): _____

Entered On (Date): _____