

DONATION FORM

Proceeds benefit Hendricks Regional Health Foundation. It is our mission to support Hendricks Regional Health's ongoing efforts to improve the health and wellness of individuals in our community.

Contact information

Donor Name: _____
(as you would like it printed in the program)

Address: _____ City/State/Zip: _____

Contact Name: _____ Title: _____

Contact Phone Number: _____ Email: _____

Item Information

Description of item(s): (Please provide detailed description of item(s) being donated for the event.)

Restrictions: _____
Ex: Not redeemable on Christmas Day. Ex: Recipient must provide 3 days notice.

Expiration Date (if applicable): _____ (Due to event date, please make gift cards valid through 2011.)

Fair Market Value of Item: \$ _____ (Establishing value is the donor's responsibility.)



Donations must be received by Thursday, September 30, 2010

Item(s) to be picked up; please contact me. Item(s) will be delivered to the HRH Foundation office.



Donor Signature: _____ Date: _____

Hendricks Regional Health Foundation
998 E. Main Street, Suite 105 Danville, IN 46122

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Jennifer Scheele, Administrative Assistant 317-745-7594 jdschee@hendricks.org

Giving life. Saving life. Making life worth living.
www.SupportHendricks.org

Office Use Only:

Date Rec'd:

Letter Sent: