



## In-Kind Donation Form

**We want to recognize all our generous donors.  
Please return this form with your auction item by April 28**

NAME / ORGANIZATION NAME

CONTACT PERSON

ADDRESS / CITY / ZIP

TELEPHONE / FAX / EMAIL

Item(s) donated & brief description:

Your estimated value of item: \$ \_\_\_\_\_ Expiration of Item (if applicable): \_\_\_\_\_

*(Should you provide a gift certificate, please indicate an expiration date of at least one year from our golf tournament date (i.e., Valid from May 2023 – May 2024).*

If applicable, please indicate how you would like your name to appear in recognition:

PRINTED NAME OF PERSON FILLING OUT FORM

SIGNATURE OF PERSON FILLING OUT FORM

DATE

***Items may be mailed or delivered to:***

Washington Hospital Healthcare Foundation  
2000 Mowry Avenue  
Fremont, CA 94538  
(510) 818 -7350 / (510) 818-7355 (fax)  
Email: [foundation@whhs.com](mailto:foundation@whhs.com)

***Thank you for your contribution - Your generosity is greatly appreciated !***

Non-profit Organization – 501 (c) 3  
Tax I.D. 94-2886219