

**2019 Women of Grace Luncheon-
November 4, 2019
In-Kind Donation Form**



Your donation is tax-deductible. The Internal Revenue code states that the **donor should provide good faith estimate of value (documentation of its retail market value)**, describe items donated and states that no goods or services were received for donations.

Donor Information *(Please print. Thank you.)*

Contact Name:					
Contact Title:					
Company Name:					
Street Address:					
City:		State		Zip:	
Phone:		Cell Phone:			
E-mail:					

Donation Information *(Please print. Thank you.)*

Item Donated:	
Item Value:	
Detailed description Special Notes:	

- Item needs to be picked up. Please call to arrange date/time.
- Item will be mailed. Please mail to Bethesda Hospital Foundation, 2815 S. Seacrest Blvd., Boynton Beach, FL 33435.
- Item will be delivered. Please deliver to Bethesda Hospital Foundation located at 2815 S. Seacrest Blvd, Boynton Beach, FL 33435.

Thank you for your support!

For Foundation Use Only-

Approved by: _____ Date _____

2815 S Seacrest Blvd., Boynton Beach FL 33435
 Email : RebeccaC@BaptistHealth.net Tel: 561-737-7733 ext 84445 Fax: 561-735-7942 www.BethesdaHospitalFoundation.org