IN-KIND DONATION FORM

DONOR INFORMATION

DONOR COMPANY NAME

DONOR CONTACT NAME

DONOR ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

ITEM INFORMATION

ITEM NAME

DONOR-ESTIMATED VALUE $ 

ITEM DESCRIPTION
(Include Quantity, Size, Color, Number of Persons, Weeks, Days/Nights, Expiration and ALL RESTRICTIONS)

MARK APPROPRIATE BOX

☐ Item accompanied form

☐ Item needs to be picked up

☐ Delivery of item by Donor

☐ Donor provides Certificate

☐ Committee to create Certificate

☐ Promotional material provided by Donor

DONOR SIGNATURE ____________________________ DATE ________________

FOR COMMITTEE USE ONLY

CATEGORY

ITEM #

NOTES

PLEASE MAIL DONATIONS TO:
Arizona Medical Association, Attn: Shelby Job
2401 W. Peoria Ave., Suite 315
Phoenix, AZ 85029

Tax ID Number: 23-7036794. Your donation may be tax deductible. Check with your tax advisor.
If you have any questions please email allyson@starryfoundation.org