



NICU FASHION SHOW & TRICKY TRAY IN-KIND DONATION FORM

Item Description: _____

Donor's estimate of the fair market value: _____
This estimate is only to help the gift committee value the donated item. Always consult with your tax advisor concerning charitable deductions.

Donor Name: _____ Contact Name (if different): _____
(Company or person as it should appear in acknowledgement and digital program)

Email: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Donor Signature: _____
(By signing, I agree to donate the above stated item.)

Special Instructions/Other conditions: *(When determining expiration dates, please note that the event is held on May 19, 2020)*

Check Appropriate Selection:

- Donor to Mail or deliver item by _____ *(date)*
- Gift Certificate/letter enclosed

Please send completed form and gift donation no later than May 5th to:

**The Valley Hospital Foundation
Attn: Sandy Carapezza
223 N. Van Dien Avenue
Ridgewood, NJ 07450-2736
201-447-8427
vhf@valleyhospitalfoundation.org**

For Committee/Internal Use Only:

Solicited by: _____ Phone: _____ Date: _____

Date Received: _____