

# In-Kind Donation Form

## Donor Information

NAME	REPRESENTING (ORGANIZATION/BUSINESS NAME)
STREET ADDRESS	EMAIL
CITY, STATE, ZIP	PHONE

## Donation Description

CHECK ONE: <input type="checkbox"/> PRODUCT / ITEM <input type="checkbox"/> SERVICE <input type="checkbox"/> OTHER	
VALUE (necessary to document community support)	DATE
DESCRIPTION	
RECEIVED BY:	



St. Peter's Health  
FOUNDATION

2475 Broadway, Helena, MT 59601 [www.sphealth.org/foundation](http://www.sphealth.org/foundation)