

JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION

Report of Non-Cash Gifts Received

Donor Information:

Name: _____

Address: _____

Telephone: _____

Email: _____

Gift Information:

Item Rec'd: _____

Quantity: _____

*Value: _____

***VALUE MUST BE DETERMINED BY DONOR, IF NOT FILLED OUT
LEAVE BLANK**

Received By: _____ Date: _____

Department: _____ Ext: _____