



In-Kind Donation Form

Thank you for your generosity toward our patients here at Children's of Mississippi. In order to keep appropriate records about the donations our community presents to this organization, we ask that you complete the short form below.

Name: _____

Total Amount Donated (cash, checks, or gift cards only): \$ _____

Description of Items Donated	Quantity	Estimated Value

**continue on back if more space is needed*

Phone: _____

Email: _____

Mailing Address: _____

City, State, Zip: _____

Donor Signature: _____

Date: _____

Receiving Department Signature: _____

Office of Development Signature: _____

Again, thank you for your kindness.

If you have any questions, please do not hesitate to call the Office of Development at (601) 984-2300.

