



# 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:** \_\_\_\_\_

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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.

