

# Donor Gift Receipt



Thank you for your contribution to PIH Health Foundation.

The information in this agreement will ensure that your donation is described correctly.

Per mandated guidelines, PIH Health Foundation cannot provide you, as the donor, with an estimate of the value of your gift. Please consult your tax specialist for advice relating to deductions of this donation.

**Thank you for your generosity!**

## DONATION

Merchandise    Certificate    Tickets    Services    Use of Property    Other \_\_\_\_\_

**DONOR'S ESTIMATED COST/VALUE \$** \_\_\_\_\_

**DESCRIPTION OF DONATION** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONDITIONS / RESTRICTIONS** (*dates, exclusions, etc.*) \_\_\_\_\_  
\_\_\_\_\_

## DELIVERY

Donation Enclosed    Will be Delivered on \_\_\_\_\_    Need Special Arrangements

**Solicited by** \_\_\_\_\_

**NAME OF DONOR / COMPANY** (as it appears in the catalog) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

**SIGNATURE OF DONOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please consult your tax specialist for advice relating to deductions of this donation. **Federal Tax ID 95-3761274**

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