



2019
CHAMPION
Golf Classic



2019 IN-KIND DONATION CONTRACT

DONOR: Please complete this form (print or type one contract for each service or item donated)

Company / Donor Name: _____

Address: _____

Telephone: _____ E-Mail: _____

Donated by (for program listing): _____

Estimated fair market value of donation: \$ _____

Description of item/service: Include color, size, material, number of pieces, time restrictions, legal limitations, location of seats, exchangeability, etc., if applicable (enclose a photograph if necessary).

Certificate Information Requirements

If your item or service requires a certificate, please include the following information:

- Name, value detailed description of product or service (what is included and not included), expiration date.
- Contact information: Include name, phone, address, email and instructions on how to redeem the item.

Donor's Signature: _____ Telephone: _____

Delivery arrangements:

- Enclosed
- Pick-up required
- Donor will deliver on (date) _____

PLEASE SEND THE COMPLETED FORM TO: Saint Mary's Hospital Foundation ▪ 56 Franklin Street ▪ Waterbury, CT 06706
T 203-709-3270 ▪ F 203-709-3272 ▪ Email: bhenry@trinityhealthofne.org ▪ www.stmhfoundation.org

The Saint Mary's Hospital Foundation, Inc. is a 501(c)(3) non-profit organization. Federal tax ID: 22-252-8400