

In-Kind Donation
57th Celebration Ball
February 2, 2019

Donor Name/Company

Donor Contact Person

Solicitor (if applicable)

Address

City

State

Zip

E-mail

Phone Number

Fair Market Value: \$ _____

This information is required by the IRS and must be filled in.

Note: If gift value is more than \$5,000, the donor is responsible for having it appraised.

Description of Item being donated:

Contingencies, blackout dates, special arrangements, etc.:

Display Items: (Please indicate if any display items need to be returned to donor)

Name, Email, & Telephone Number for the Winner to Contact:

_____ **Gift or Certificate Enclosed**

_____ **Please make a gift certificate for me**

_____ **Make arrangements for CentraState to pick up**

_____ **Will deliver/send to CentraState by Monday, January 21, 2019**

Elizabeth Navas, Special Events Coordinator
CentraState Healthcare Foundation
225 Willow Brook Road, Suite 5, Freehold, NJ 07728

Please keep a copy of this form for your records.

The federal tax identification number for CentraState Healthcare Foundation is 22-2383065.

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