



# In-Kind Donation Form

**Thank you for your donation to Shriners Hospitals for Children – Twin Cities! Please help us properly acknowledge your generosity by fully completing this form and bringing it along with your donation.**

## Donor Information

Date: \_\_\_\_\_

Donor:  Organization/Company    School    Adult (over 18)    Child (under 18)

Donor Name: \_\_\_\_\_

Organization, Company Contact or Parent Name (if donor is under 18):  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to remain anonymous

No receipt required

I am a current patient/family member

I am a former patient/family member

## Donation Information

Donation description & quantity: \_\_\_\_\_  
\_\_\_\_\_

Total value of donation: \$ \_\_\_\_\_

## Tribute Information

This donation is:  In memory of \_\_\_\_\_  In honor of \_\_\_\_\_

Please send an acknowledgement letter to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



**Shriners Hospitals**  
for Children® – Twin Cities

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