



FOUNDATION  
PULLMAN REGIONAL HOSPITAL

## IN-KIND DONATION FORM

Please return to: Pullman Regional Hospital Foundation  
840 SE Bishop Blvd. Ste. 200, Pullman WA 99163

Donor Name or Company \_\_\_\_\_  
(As you would like it to appear in any public recognition)

Mailing Address \_\_\_\_\_

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

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

### Donation Item

Item Name \_\_\_\_\_

Value \_\_\_\_\_

*(IRS regulations prohibit charitable organizations from assigning a value to donations. Please keep this receipt for your federal tax return. For questions, consult a tax professional.)*

### Item Description

Please describe the item you are donating, along with any company information you would like to have printed on display at the event. Descriptions will be edited as space allows.

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### Restrictions

Please indicate any limitations, special conditions or expiration associated with your donation.

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### Promotional Items

Promotional brochures, etc may be displayed at the event. Will you be providing promotional items?

☐ Yes ☐ No

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please keep a copy of this form for your records.

**THANK YOU FOR YOUR DONATION!**

**Questions? Call (509) 332-2046**