



GIFT IN-KIND DONATION FORM

General Information

Contact Person: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Cell Ph: _____

Facsimile: _____

Email Address: _____ Preferred Method of Contact: _____

Donation Information

Item(s) Donated and Description: _____

Value You Place on Donation: \$ _____

Would you like information about attending our event? Yes _____ No _____

Are you interested in becoming a Corporate Sponsor? Yes _____ No _____

To be completed by HCF Member

HCF Member Name _____

Telephone Number _____ Email address _____

Date Form Received by HCF Member _____

Date Received by Auction Coordinator _____

**Thank you for your support of the Health Central Foundation, Inc.'s
2007 Fundraising Season**

**The Health Central Foundation, Inc. is a non-profit 501C 3 corporation.
ID # 85-8013464240C-1**

**Please note that your contribution is tax deductible to the extent allowed by
law. Please consult your tax advisor.**

HEALTH CENTRAL FOUNDATION
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407-296-1811