



Gift-In-Kind Contribution For 2024 Fundraising Event

****Please Return with your Donated Item****

Please Print

Name or Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Contact Phone: _____

For your convenience, please list the estimated value of your gift(s) in the space below for your records.

Item(s) Donated:

Total Estimated Fair Market Value (as determined by donor): \$ _____

*We do not assign a specific value to your gift - that is your privilege as a donor
Please keep a copy of this form as a record of your gift. Thank you for your support!*

**Please drop off your item(s) to CHI Lisbon Health Clinic, located on the north side of
CHI Lisbon Health Hospital**

Please drop off items no later than November 20th

****For baked goods: please provide a description above, plan to drop off your item(s) or arrange for
pickup of the item(s) by Friday, November 22nd by 12:00 PM****

If you would like someone to pick up your item(s), please contact Brittany Smith at 701-683-6441

CHI Lisbon Health Foundation
905 Main St PO Box 353
Lisbon, ND 58054
Phone: 701-683-6400 Fax: 701-683-4345

Received by: _____

Staff Signature

Date: _____

****This signed form confirms that no goods or services were provided in exchange for this charitable contribution****