



HFL Long Island 2017 In-Kind Donation Form

Donor Information

Contact Name	
Business Name	
Address	
City, State, ZIP Code	
Phone Number	
Email	
Fax	

In-Kind Donation Information

Donation Description	
Date of Contribution	
Received By	
Purpose of Donation/Event	
Value of Item(s)	
Contribution Value Established by:	<input type="checkbox"/> Donor Invoice <input type="checkbox"/> Appraisal <input type="checkbox"/> Receipt <input type="checkbox"/> Donor Stated Value Other: _____

Acknowledgement – In office use ONLY

Personal Thank You Sent <input type="checkbox"/>	Office Acknowledgement Sent <input type="checkbox"/>	Donor Entered Into Database <input type="checkbox"/>
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New York Blood Center is an IRS registered not-for-profit 501(c)(3) organization. Federal Tax ID #13-1949477.

New York Blood Center

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