



Item / Service Donations

Description	Est. Value *	Date of Gift

Description	Est. Value *	Date of Gift

Description	Est. Value *	Date of Gift

* (IRS rules require that the donor assign a dollar value to gifts-in-kind. Please consult IRS publication 561 and 526 or www.irs.gov for more information.)

All Donors please complete:

Organization name: _____ Contact person: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Total Contribution: \$ _____

Please return this form via email to HAHWI.Foundation@ssmhealth.com, or mail to:

SSM Health at Home Foundation of Wisconsin
2802 Walton Commons Ln Madison, WI 53718

Foundation Use Only:

Received By: _____ Date: _____