

Nonprofit 501(c)(3) Public Charity  
Fed ID 95-4565741

## ITEM DONATION FORM

**Description of item or service donated - including any special instructions or other comments**  
(please specify any restrictions, expiration dates, invalid dates/periods, number of persons/sessions/visits, etc.):

**Item Valued At:**

\$

(Retail Price or Fair Market Value)

Donated By/Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Item Disposition

☐ Gift Certificate Attached

☐ Foundation to prepare gift certificate  
(list restrictions under description)

☐ Other – Please specify \_\_\_\_\_

☐ Donated item accompanies form

☐ Donor will deliver donation to Foundation by \_\_\_\_\_

☐ Will arrange for pick-up by calling (661) 250-4100

Solicitor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please Print)

*Thank you for helping the Michael Hoefflin Foundation in its efforts to make a positive difference in the fight against children's cancer. Your generosity will be acknowledged in our Event Program and through other contacts within the community.*

**This form and donated items can be sent to:**

**Please note our new address!**

**Michael Hoefflin Foundation  
26027 Huntington Lane, #F  
Santa Clarita, CA 91355**

For questions or comments please call: **(661) 250-4100** or visit: **www.mhf.org**

**Please make a copy of this completed form for your records.**