



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.