Good Samaritan Foundation

Gift Acceptance Form

This form is to be completed and forwarded to the Good Samaritan Foundation office for **ALL DONATIONS** received by Good Samaritan Hospital.

Return to Good Samaritan Foundation @ mail stop: 402-1-FND or via fax: 253-697-2849

GIFT INFORMATION:

Date of Donation ____/____/____

Gift Type: _____ Cash/Check _____ Credit Card _____ In-Kind (item)

Card # (Visa/MC/AmEx): _____Exp. Date ____/____

Item Description: _____

_____

Gift Amount / Stated Value: **$**_____

Gift Purpose (program, dept., unspecified/areas of greatest need, etc.) _____

DONOR INFORMATION:

Donor / Company Name: _____

Contact Name (if business): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: ( )_____ E-mail Address: _____

OTHER:

This gift has been made: In Honor/Memory/Celebration of: _____
(*please circle one*)

Please Notify: Name: _____

Address: _____

_____

Additional Comments: _____

_____

_____

Completed by: _____ Phone No: _____