



55TH ANNUAL SCRIPPS CLINIC INVITATIONAL GOLF TOURNAMENT

FRIDAY, SEPTEMBER 6, 2024

TORREY PINES SOUTH GOLF COURSE

In-Kind Donation Agreement Form

Donor Name / Company	
Contact Name	
Street Address	
City, State, Zip	
Phone	
Email Address	
Contribution Details	
Contribution Restrictions and Expiration Date*	
Fair Market Value <small>(Please do not write "Priceless," if the value is subjective, please provide us with an estimate of the value)</small>	

Contribution type:

Certificate

Physical Item

*When selecting an expiration date, please note the event is on September 6, 2024. Please give the auction winner one year after the event to redeem their item.

Please check one of the following:

Enclosed is my donation certificate

Please create a certificate

Signature		Date	
------------------	--	-------------	--

Please return this completed form to Special Events or specialevents@scrippshealth.org or by mail to Scripps Health Foundation/Special Events, P.O. Box 2669, La Jolla, CA 92038. For more information, email Special Events at specialevents@scrippshealth.org

The Scripps Health Foundation tax identification number is 95-1684089.

