

Spinoff In-Kind Donation Agreement Form July 21, 2022

Donor Name / C	ompany				
Contact Name					
Street Address					
City, State, Zip					
Phone					
Email Address					
Contribution Det	tails				
Contribution Res	strictions*				
Fair Market Valu (Please do not write "Pricele subjective, please provide u of the value)	ess," if the value is				
Contribution type:		☐ Certificate ☐ Physical Item			
*When selecting an expiration date, please note the event is on July 21, 2022. Please give the auction winner one year after the event to redeem their item.					
Please check one Enclosed is my Please create a	donation cert	_			
Signature				Date	

Please return this completed form to Special Events or special-events@scrippshealth.org or by mail to Scripps Health Foundation/Special Events, P.O. Box 2669, La Jolla, CA 92038. For more information, call Special Events at 858-678-6362.

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

