



Gift-in-Kind Donation Form

Today's Date: _____ Event Date: _____

Donor Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail: _____

Gift Value: _____

Item Description:

**Upstate Golisano Children's Hospital
Upstate Foundation, Inc.
750 East Adams Street Syracuse, NY
13210
315-464-4416
315-464-4819 Fax
FDN@upstate.edu**

For Internal Use Only:
Fund # _____
Appeal _____
Campaign _____