

## IN-KIND GIFT FORM

Name of Donor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Detailed Description of Gift: \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Date of Gift: \_\_\_\_\_

Event Name (If applicable): \_\_\_\_\_

Solicitation Method: (If applicable): \_\_\_\_\_

Please return form to:

The Washington Home & Community Hospices  
Attn: Charitable Gifts Department  
3720 Upton Street, NW  
Washington, DC 20016  
Fax: 202-895-0175