Dr. Bear’s Closet: In-Kind Donation Form
Department of Child Life & Integrative Care Services

<table>
<thead>
<tr>
<th>Date:</th>
<th>Received by:</th>
</tr>
</thead>
</table>

Donor is (check one):  
- Individual  
- Organization/Business/Group

Donor Name:

Point of contact for organization/business/group (if applicable):

Street Address:

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
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</table>

Email Address:  
Phone:

Donation Description and Quantity:

Donor’s Estimated Value of Donation*  
$  

Tribute Information (optional)

- I am making this donation in memory of: ________________________________
- Please send a notification about my tribute gift to:
  - Name: ____________________________________________________________
  - Street Address: __________________________________________________
  - City: ______________________________________ State: __________ Zip: _________

Thank you for your generous donation!

* According to IRS regulations, Children’s National Hospital Foundation cannot attach a proper dollar value to your in-kind gift; however, you may wish to attach a value for your record-keeping purposes. Federal tax laws impose certain reporting obligations for charitable contributions of property other than cash. Tax ID 52-1640402