

IN-KIND DONATION FORM

**Health Goes Global
IRS 501(c) 3 Tax Exempt Public Charity
TIN: 45-5334485**

**Mail:
P.O. Box 11525
Saint Louis, MO 63105**

Email: hannah@healthgoesglobal.org

Individual donor or company name: _____

Name of person to be thanked: _____

Organization _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Description of Item (include quantities): _____

Estimated Fair Market Value: \$ _____

Fair market value of any goods or services given to donor in return: \$ _____

To Be Completed by Health Go Global:

Date Received: _____

APPROVAL: _____ DATE: _____

