



**Item / Service Donations**

Description	Est. Value *	Date of Gift

Description	Est. Value *	Date of Gift

Description	Est. Value *	Date of Gift

\* (IRS rules require that the donor assign a dollar value to gifts-in-kind. Please consult IRS publications 561 and 526 or [www.irs.gov](http://www.irs.gov) for more information.)

**All Donors please complete:**

Organization name: \_\_\_\_\_ Contact person: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Total Contribution: \$ \_\_\_\_\_

Please return this form via email to [foundation@hhuvns.org](mailto:foundation@hhuvns.org), or mail to:

HHU-VNS Foundation  
 4639 Hammersley Rd  
 Madison, WI 53711

*Foundation Use Only:*

Received By: \_\_\_\_\_ Date: \_\_\_\_\_