

Gift-In Kind Donation Form

For Feist-Weiller Cancer Center

Donor Information:

Donor (First and Last Name) _____

Business Name _____

Address _____

City, State, Zip _____

Phone/Email _____

Do hereby donate property/items/services valued at \$ _____

(\$5,000 or above copy of appraisal must be attached)

Description:

The donor expressly acknowledges that he/she is the sole owner and possessed full ownership of the above described donation prior to signing.

Donee: LSU Health Sciences Foundation in Shreveport 501(c)(3) charitable organization, agrees at the donor's request that the donation will be utilized by LSU Health Shreveport, 1501 Kings Highway, Shreveport, LA 71103

Donor:

Signature

Date

Donee:

Authorized signature

Date

Please return this form to:

LSUHS Foundation in Shreveport

920 Pierremont Road, Suite 506

Shreveport, LA 71106

Phone: 318-861-0855

Fax: 318-861-2855 or email: kgaston@lsuhsfoundation.org