

# 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: \[mclendenin@lsuhsfoundation.org\]\(mailto:mclendenin@lsuhsfoundation.org\)](#)