

Gift-In Kind Donation Form

Donor Information:

Donor (First and Last Name) _____

Business Name _____

Address _____

City, State, Zip _____

Phone/Email _____

Do hereby donate property/items 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: \[eknight@lsuhsfoundation.org\]\(mailto:eknight@lsuhsfoundation.org\)](#)