



## *In-Kind Donation Form*

ANTIETAM HEALTHCARE  
FOUNDATION

*Please write item description to be donated:*

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*Retail value:* \$ \_\_\_\_\_

*Quantity:* # \_\_\_\_\_

*Total value:* \$ \_\_\_\_\_

*\* If additional space is needed, please attach to this form\**

***Please fill out form and return to Antietam Healthcare Foundation:***

Mail: 251 East Antietam Street, Hagerstown, MD 21740

Phone: 301-790-8631

Fax: 301-790-9233

**Donor / Vendor Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, and Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Delivery/Pick-up Arrangements:** \_\_\_\_\_

**Donor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Your donation may be tax deductible—consult with your accountant.*

*Please keep a copy of this form for your tax records.*

*Antietam Healthcare Foundation is a 501(c)(3) non-profit organization (Federal Tax ID #01-0639265)*