



Blank Children's Hospital
UnityPoint Health

1200 Pleasant Street
 Des Moines, Iowa 50309
 (515) 241-KIDS

OFFICIAL GIFT RECEIPT
 (Please Print and Complete All Information)

Name of Donor _____
 (As it will be listed in publications)

Contact Name (For Organization) _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email Address _____

Items Donated:

Number of Items	Description of Items Donated	Number of people	Time spent

Donor's stated fair market value \$ _____

Blank Children's Hospital acknowledges that it received the item(s) as described above on _____ (DATE). This amount is not substantiated by the recipient.

A copy of this form will serve as official recognition of a gift to Blank Children's Hospital, specifically to the program or services listed above, by the above donor. Items donated are tax deductible to the full extent of the law.

The Internal Revenue Code requires that charitable contributions be substantiated and therefore we note that no goods or services were proved in return for this gift.

Received by _____

Donor Signature (not necessary) _____

Thank you for your generosity!