



Holiday Party In-Kind Donation Form

Alameda Health System Foundation fundraises to support the needs of Alameda Health System. Donated items for use by Alameda Health System are acknowledged by AHS Foundation and are property of Alameda Health System. An acknowledgement letter will be sent to the donor name(s) listed below at the mailing address listed.

Contact Information

Donor Name(s): _____

Mailing Address: _____

Email: _____ Phone: _____

Donation Information

In-Kind Contribution: Children’s Book(s) to Pediatrics and Pediatric Dentistry patients
 Gift Card(s) for Hope for the Holidays program. No cash-only pre-paid cards are accepted.

Description: _____

Estimated Fair Market Value: \$ _____ Date: _____

I would like my donation to remain anonymous.

Donation Delivery

Please return this form by **December 12, 2024** with your in-kind contribution to:

Alameda Health System Foundation
55 Harrison Street, Suite 600
Oakland, CA 94607

For your records, Alameda Health System Foundation is a 501(c)(3) nonprofit organization, federal tax ID: 94-3103136.

In-kind donations are tax-deductible to the extent permitted by law.

Internal Use Only

Received by: _____ on _____.