



# The White Rose Evening Silent Auction

## Gift In-Kind

Please return this completed form with your donation.

Lutheran Medical Center Foundation  
8300 W. 38<sup>th</sup> Avenue, Wheat Ridge, CO 80033

Date: \_\_\_\_\_

**Donor to complete:**

Name and Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Donor: \_\_\_\_\_ Value of Donation\*: \$ \_\_\_\_\_

\*donor is responsible for estimating value

Description of donation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to remain anonymous

Thank you for your support of the White Rose Evening to benefit Lutheran Hospice. Your donation will be a valued part of our silent auction. All donations will be acknowledged to the donor with a receipt for tax purposes. As a nonprofit organization, Lutheran Medical Center Foundation does not assign cash value to gifts in-kind. Donors should consult with their tax advisors to determine the fair market value of gifts in kind for their own tax purposes. Lutheran Medical Center Foundation is a Colorado public 501(c)(3) non-profit organization, FEIN 20-8846152.

*Thank you for your kind generosity!*



Questions? Contact Lutheran Medical Center Foundation at 303-467-4800.

**For Auction Committee Use:**

Received by : \_\_\_\_\_ Date: \_\_\_\_\_