PRISMA HEALTH

THE TUOMEY FOUNDATION

IN-KIND CONTRIBUTION FORM

Donor Information

Title: ◯ Mr. ◯ Mrs. ◯ Ms. ◯ Miss ◯ Dr. ◯ Mr. & Mrs. ◯ Other: _____

Donor Name _____

Business Name (if applicable) _____

Address _____

_____

City _____ State_____ Zip _____ Phone (home, work, cell) _____

E-mail _____

Contact Name _____

Contact Phone _____

Donation Information

Item or Service _____

Approximate Value _____ Given by _____

Date _____ Donor Signature _____

Received By _____ Date _____

Signature _____

Comments _____

_____

Thank you for your support! Gift valued above $50 will receive a tax letter

Designated Use

Name of Event/Use_____ Date of Event_____

Is donation to be used for an auction item? ◯ Yes ◯ No (Gala Only)

Fund Number _____ Fund to Benefit _____

The Tuomey Foundation • 115 N. Sumter Street, 420A • Sumter, SC 29150 • 803-774-9014
TheTuomeyFoundation.org