

UI Health Care In-Kind Donation Form

Date* _____ Time _____ Form Completed By _____

Name of Organization _____
(if applicable)

Name* _____

Parent or Guardian _____
(if donor is under 18 years of age)

Mailing Address* _____

City, State, Zip* _____

Phone* _____ Email _____

Donation Description* _____
(include quantity, estimated hours for homemade items)

of Items _____ Estimated \$\$ Value _____ # of Individuals Involved _____
(if applicable)

Drop-off Location/Additional information _____

**For more information about in-kind donations, call 319-467-8087
or visit our website at uihc.org/kind-donations.**

For Office Use Only:

Photo taken	Yes	No	Consent	Yes	No
Date thank-you written	Written by _____				
Entered into "VSystem" by	_____				

UI Hospitals & Clinics • 200 Hawkins Drive, Iowa City, Iowa 52242 • 800-777-8442