



COVID-19 EMERGENCY SUPPORT FUND GIFT IN KIND DONATION FORM

Sechelt Hospital Foundation appreciates all donations.
 Donations can be made online at sechelthospitalfoundation.org

DONOR INFORMATION:

Company/Donor Name:

Contact Name:

Telephone:

Email:

Address:

City:

Province:

Postal Code:

ITEM INFORMATION:

Description: Please include details of your donation including quantity.

(Please note at this time we are unable to accept donations of food, handmade items and services).

Description:

DELIVERY INSTRUCTIONS:

I will deliver to the Main Entrance at Sechelt Hospital (5544 Sunshine Coast Hwy) on _____ (date). *Please label your delivery with your name and quantity.*

I will mail my donation to PO Box 1761, Sechelt, BC, V0N3A0

Please pick up my donation from the following address:
Sechelt Hospital Foundation will contact you to confirm the pick up.

TAX RECEIPT

If you would like a gift-in-kind tax receipt, please complete the following information.
 Please check one box below:

Please provide an invoice listing the items and the retail price for each item.
 Invoices must state "Do Not Pay – Donation"

Please provide a receipt confirming payment for the items being donated.

→ PLEASE RETURN FORM to: sh.foundation@vch.ca

Your form will be reviewed and a member of Sechelt Hospital Foundation will contact you to confirm your donation.

Charitable Registration #: 88915-7194-RR-0001

..... **THANK YOU FOR YOUR SUPPORT!**