

March 24, 2012

scarlet night

an affair of the heart

A South Asian Heart Center Fundraiser

Gift-In-Kind Donation Form

Date: _____

Donor Name: _____

(if necessary)

Organization Name: _____

Org. Contact Name: _____

Donor Name listing for Acknowledgement Purposes:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____

Cellular Phone: () _____

Business Phone: () _____

Email: _____

Event Donation: Yes No If so, Event Name: Scarlet Night 2012

Description of In-Kind Item(s) Donated:

Donor Estimated Value of In-Kind Items (Optional): \$ _____

To receive your acknowledgement for this donation and for tax purposes please fill out and return this form to the South Asian Heart Center:

Mail To:

South Asian Heart Center
2500 Grant Road, WIL 206
Mountain View, CA 94040

Email To: scarlet@southasianheartcenter.org

Fax To: 650.966.9269