



In-Kind Donation Form

Thank you for your donation to Shriners Hospitals for Children – Twin Cities! Please help us properly acknowledge your generosity by fully completing this form and bringing it along with your donation.

Donor Information

Date: _____

Donor: Organization/Company School Adult (over 18) Child (under 18)

Donor Name: _____

Organization, Company Contact or Parent Name (if donor is under 18):

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

I would like to remain anonymous

No receipt required

I am a current patient/family member

I am a former patient/family member

Donation Information

Donation description & quantity: _____

Total value of donation: \$ _____

Tribute Information

This donation is: In memory of _____ In honor of _____

Please send an acknowledgement letter to:

Name: _____

Address: _____

City, State, Zip: _____



Shriners Hospitals
for Children® – Twin Cities

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