



GIFT- IN-KIND CONTRIBUTION FORM - 13th Annual Frank Billingsley Golf Classic

Thank you for your generosity! Please complete the form and return via email or mail to:

Legacy Community Health
Attn: Development – Donor Services
P.O. Box 66308
Houston, TX 77266
giving@legacycommunityhealth.org

Name: _____

Company name: _____
(Complete only if Donor Name is a Corporation, Organization or Foundation)

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Ext. _____

Email: _____

Gift designated to:

Legacy Community Health

Please include a description of the item(s) you will be donating:

Auction/Raffle Item?

*Value of donation: _____

(*An invoice, price tag, or appraisal indicating the value is needed if the value is \$5,000 or above.)

GIK Donor Signature: _____ Date: _____

Solicitor of this gift: _____ Date: _____



Scan for more information about this event.