



**ST. TAMMANY HOSPITAL
FOUNDATION**

Statement of In-Kind Donation

Please accept this gift to the St. Tammany Hospital Foundation as an expression of my support of St. Tammany Health System.

Description of in-kind donation: _____

Value of in-kind donation: \$ _____

Please designate my gift to: _____ *(department/ specific use)*

I do not wish to designate my gift, please use it where the need is greatest.

Donor Name | Company/Contact Person

Mailing Address

Phone

City, State, Zip

E-Mail Address

Signature

Date

Please check here if you prefer your gift to remain anonymous.

Please complete form and mail to:
St. Tammany Hospital Foundation+
1202 South Tyler Street | Covington, LA 70433

St. Tammany Hospital Foundation is a (501)(c)(3) non-profit organization | IRS Tax ID# 37-1458857