

**Montefiore  
and Einstein  
In-kind  
Donation**

Please send completed form to:  
Sally Pizarro  
spizarro@montefiore.org

Montefiore and Einstein  
Office of Development  
3325 Bainbridge Avenue  
Bronx, New York 10467  
Phone: 718.920.6656

**Official Use Only:**

Notes:

RE ID #:

Expected delivery date:

**Direct this donation to:**

☐ Montefiore  
Health System

☐ Albert Einstein  
College of Medicine

☐ Children's Hospital  
at Montefiore (CHAM)

☐ Other:

**Delivery of this donation must be arranged with the Montefiore and Einstein Office of Development prior to sending.**

Today's date:

MONTH / DAY / YEAR

Donor name:

Title:

Contact name:

Title:

Company:

Address:

City:

State:

Zip:

Phone:

Email:

Signature:

Please list my company / organization as:

1

Donation description:

Quantity:  Value: \$

Special Instructions:

2

Donation description:

Quantity:  Value: \$

Special Instructions:

3

Donation description:

Quantity:  Value: \$

Special instructions:

4

Donation description:

Quantity:  Value: \$

Special instructions: