

**Montefiore
Einstein
In-kind
Donation**

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

Montefiore 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 Einstein (CHAM)

Other:

Delivery of this donation must be arranged with the Montefiore 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:

DONATION INFORMATION on the next page ➤

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: