



Non-profit 501(c) (3) EIN# 95-3403287

## Gift In Kind Donor Form for COVID 19 Supplies

Gift Date: \_\_\_\_\_

Donor/Org. Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

**Brief description of item/services donated:**

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**I acknowledge this donation has been made to Pomona Valley Hospital Medical Center and accepted by Pomona Valley Hospital Medical Center Foundation.**

\_\_\_\_\_  
*Donor Signature* *Date*

**BRING COMPLETED FORM WITH YOU TO THE DROP-OFF LOCATION ALONG WITH YOUR ITEMS**

**Donation Site Address: 360 Vinton Avenue, Pomona, CA 91767**

**Donation Site Hours: Monday – Friday, 10 am – 12 pm**

Fax: 909-622-3988

[digna.macias@pvhmc.org](mailto:digna.macias@pvhmc.org)

[www.pvhmc.org](http://www.pvhmc.org)