



**Antelope Valley
Medical Center**

Hospital Foundation

1600 W. Ave. J, Lancaster, CA 93534
661-949-5810 phone 661-951-4400 fax
Federal Tax ID # 95-2975107

FOR OFFICE USE ONLY	
Category:	#:
Date Rec'd:	Existing donor: <input type="checkbox"/>
Date Ack'd:	New donor: <input type="checkbox"/>

DONATION FORM

PLEASE PRINT

Donor and/or Business Name		<input type="checkbox"/> Individual		<input type="checkbox"/> Company		<input type="checkbox"/> AVMC Department	
Contact Name		Phone ()		Email address			
Street Address		City		State		Zip	

IN-KIND DONATION

QTY	PLEASE PRINT - List the quantity of items and dollar amounts below.	VALUE
_____	Item(s):	\$ _____ each
		\$ _____ Total

Restrictions (dates to be used, etc.):

Delivery instructions:

- I/We would like a representative from the hospital to pick-up the in-kind donation(s).
- I/We will deliver the in-kind donations and/or cash contribution to the hospital.
- Other: _____

CASH CONTRIBUTION

I/We would like to make a cash contribution. Please accept my tax-deductible contribution. Contribution Amount \$ _____

CHECK AND/OR CREDIT CARD INFORMATION

All checks must be made payable to **ANTELOPE VALLEY MEDICAL CENTER FOUNDATION**. Check # _____

CREDIT CARD: Visa MasterCard American Express Discover

Credit Card #: _____ Exp. Date: _____ Print Name as it appears on card _____

Credit Card Mailing address _____ City _____ State _____ Zip code _____

REQUIRED SIGNATURES

Donor Signature	Date
Foundation Representative	

Thank you so much for your generous donation!

For more information, call the Foundation at 661-949-5810

Antelope Valley Medical Center Foundation depends on contributions from individuals, organizations and the community to fund patient care, education and community initiatives. If you do not wish to be contacted by mail or by telephone, please write to:
Antelope Valley Medical Center Foundation, 1600 West Avenue J, Lancaster, CA 93534.

WHITE - Foundation YELLOW - Donor