



ANTELOPE VALLEY  
HOSPITAL FOUNDATION  
A facility of Antelope Valley Healthcare District

AVH Foundation  
1600 West Avenue J  
Lancaster, CA 93534  
(661) 949-5810 phone  
(661) 951-4400 fax

**Federal Tax ID# 95-2975107**

| FOR OFFICE USE ONLY                   |  |
|---------------------------------------|--|
| Category:                             | Item #:  |
| Date Rec'd:                           | Acct #:  |
| Date Ack'd:                           | New: <input type="checkbox"/>                                |
| Certificate: <input type="checkbox"/> | <input type="checkbox"/> Made <input type="checkbox"/> Rec'd |
| Item: <input type="checkbox"/> P/up:  | <input type="checkbox"/> Rec'd                               |

## Antelope Valley Hospital Foundation Donation Form

**Please Print – INCOMPLETE FORMS CANNOT BE PROCESSED**

|   |      |  |               |
|---|------|--|---------------|
| Donor Name (as you want to be acknowledged) |      | <input type="checkbox"/> Individual <input type="checkbox"/> Company <input type="checkbox"/> AVH Department |               |
| Contact Name                                |      | Phone<br>(    )  | Fax<br>(    ) |
| Address for acknowledgement – Street        | City | State  | Zip           |

Donate a raffle, auction or in-kind item - Please list all items, including **IDENTICAL** items.

| QTY | DETAILED DESCRIPTION – <i>Please print</i> (this information will help us acknowledge your gift)<br><i>Please be specific</i> (Include more than “painting or sports memorabilia”) | VALUE          |
|-----|--|----------------|
|     | Item title:  | \$ _____ each  |
|     | Item description:  |                |
|     |  | \$ _____ Total |

Restrictions (dates to be used, etc.):

**If gift certificate, valid through:** \_\_\_\_\_ (Preferred expiration date: \_\_\_\_\_)

**Delivery instructions**

- I have enclosed a gift certificate (s) for the raffle, auction, and or in-kind item (s).
- I will mail a gift certificate (s) for the raffle, auction, and or in-kind items by: \_\_\_\_\_ to the address listed above.
- I request that AVH Foundation prepare a gift certificate (s) that instructs the purchaser (s) to contact me directly.
- I will deliver the raffle, auction, and or in-kind item (s) by: \_\_\_\_\_ to the address listed above.
- I cannot deliver the raffle, auction, and or in-kind items (s). **Please have an AVH Foundation representative contact me to arrange pick-up.**

**CASH CONTRIBUTION**

I wish to make a cash contribution to the Antelope Valley Hospital. Contribution Total: \$ \_\_\_\_\_

**PAYMENT METHOD**

Contributions of \$100 or more may be charged with a credit card of your choice.

Please charge my:  Visa  MasterCard  Other Acct #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I have enclosed a check for \$ \_\_\_\_\_, payable to **AVH FOUNDATION**.

**REQUIRED SIGNATURES**

|                           |      |
|---------------------------|------|
| Donor Signature           | Date |
| Foundation Representative |      |

**Thank you for your generous support!**

**Questions? Please contact the AVH Foundation office at (661) 949-5810.**

AVH Foundation, is a 501(c)(3) non-profit organization and depends on contributions from individuals, organizations and the community to help fund patient care, education and community initiatives. If you do not wish to be contacted by mail or by telephone, please write to:  
AVH Foundation, 1600 West Avenue J, Lancaster, CA 93534