

2018 KidSwing In-Kind Form

Your In-Kind Contribution will be recognized based on the value of your donation.

1. CONTRIBUTOR Individual Corporate Foundation Other _____

Name/Company: _____ Contact: _____

Address: _____ Suite: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

Email: _____

2. CONTRIBUTION

Estimated value of gift(s): \$ _____

Description of donation:

Expiration date or restrictions: _____

- Donation enclosed
- Needs to be picked up
- Would like hospital to make gift certificate

3. RECOGNITION

I would would NOT like my name/company to appear in all publications.

Please PRINT exactly as it should appear in promotional materials:

Please send completed form to:
Texas Scottish Rite Hospital for Children - KidSwing
2222 Welborn Street, Dallas, TX 75219
phone: 214-559-8464 • fax: 214-559-7649

