Gift-in-Kind Form

To ensure we provide a clean and healthy environment for the kids in the hospital, only new toys in original packaging can be accepted. Please refer to the gift-in-kind wish list for items currently requested. Gift-in-kind donations can be delivered to the front desk at the below address, Monday-Friday from 8 a.m. to 6 p.m. and Saturday-Sunday from 11 a.m. to 3 p.m.:

Peyton Manning Children’s Hospital at St. Vincent
2001 West 86th Street • Indianapolis, IN 46260 • (Entrance 4)
Questions? Phone: 317-338-5547 • Email: foundation@stvincent.org

The below form must be completed and turned in with all gift-in-kind donations.

Please print clearly:

Date  __________________________________________________________________________
This gift is from  __________________________________________________________________
☐ Individual  ☐ Organization  ☐ School

Contact name (if applicable)  ________________________________________________________
School name and grade(s)  _________________________________________________________
Organization name  ________________________________________________________________
Address  ____________________________________________________________
______________________________________________________________
City _______________________________ State  ______________ ZIP Code  ________________
Telephone number_____________________ Email address _____________________________
☐ I would like my gift-in-kind donation to be anonymous.

Description of gift/donation (please be specific)  ____________________________________
_________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Estimated dollar value $ _________________________
How were these gifts collected?  ___________________________________________________

Signature  _______________________________________________________________________

Special reason for donation  _______________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Associate accepting donation _______________________________ Date___________________

Thank you for bringing smiles to children and for supporting Peyton Manning Children’s Hospital at St. Vincent!