**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 8:00 a.m. to 6:00 p.m. and Saturday – Sunday from 11:00 a.m. to 3:00 p.m.:  

Peyton Manning Children’s Hospital at Ascension St. Vincent  
2001 West 86th Street | Indianapolis, IN 46260 | Entrance 4  
Questions? Phone: 317-338-2338 | 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 ____________
  - Telephone number ______________ Email __________________________
- ☐ 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 Ascension St. Vincent!