## Gift-in-Kind

We request that all items be new and in original packaging. This helps to ensure infection control for our patients and families.

Contact Connie Cripe to coordinate deliveries of supplies:

Phone: Arthur & Ruth Browne St. Vincent House 317.287.0582, Direct Line 317.287.0592

Email: Connie.Cripe@ascension.org

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

Please print clearly: This gift is from					
			□ Organization		
			□ School Contact name (if org/school)		
Address					
City	State	Zip			
Phone number	Email				
3					
Date	Estimated dollar value \$				
How were these gifts collected?					
Signature					
Special reason for donation					
I give permission for my don.	ation to be considere	ed for recognition in the hospital's social			
media.					
For Staff Use Only					
Associate accepting donation:		Date			

Thank you for bringing smiles to Ascension St. Vincent families and for supporting the Arthur & Ruth Browne St. Vincent House!