

# Hospital Heroes 2021 Gift-in-Kind Donation Form



## Business Information

Business Name:

Address:

City:

Province:

Postal Code:

Phone:

Website:

## Contact Information

Your name, title and email:

Individual that we should thank and their title (if different than above):

## Donation Information

Gift Certificate

Item

Gift Certificate & Item

Value of your donation: \$

A description of your donation:

We require proof of value for your donation; please provide a receipt, invoice, or confirm the donations value in an email to [katlyn.anderson@islandhealth.ca](mailto:katlyn.anderson@islandhealth.ca)

Donations provided in exchange for advertising are not eligible for charitable tax receipts. If you have any questions regarding this policy, please contact the Foundation.

Please email or mail your completed form to:

c/o Development Assistant  
Victoria Hospitals Foundation  
Wilson Block, 1952 Bay Street  
Victoria, BC V8R 1J8

Email: [katlyn.anderson@islandhealth.ca](mailto:katlyn.anderson@islandhealth.ca)  
Phone: (250) 519-1750  
Website: [www.victoriahf.ca](http://www.victoriahf.ca)