



IN-KIND DONATION FORM

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Compassionate Care, Regardless of Ability to Pay

1705 Jackson St.
Richmond, TX 77469

Thank you for your donation to OakBend Medical Center. Please fill out this form and email it to our staff at development@obmc.org. If you would prefer to mail your form, please send it to the address provided below so that we may keep record of your contribution. If you have any questions, please feel free to call us at (281) 341-3094 or send us an email. Thank you for making a difference in the lives of our patients!

Donor & Donation Information

(TO BE FILLED OUT BY DONOR)

Date: _____

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Address: _____

City, State: _____ **Zip:** _____ **Phone:** _____

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Description of Donation: _____

Please be specific.

Estimated Value of Donation: \$ _____ **The IRS requires the value to be provided by the donor.*

**No goods or services were provided by the organization in return for this contribution.*