Howard County Medical Center 5755 Cedar Lane Columbia, MD 21044 JHHCMC-Donations@jh.edu



## **GIFT IN KIND DONATION**

Contact Name:		
Company:		
Address:		
City:	State:	Zip:
Telephone:	Fax:	
Email:		Cell:
Donation description (please pro	ovide as many details as possible)	:
Quantity:		
Approximate value of donation:	\$	
<b>Donation Drops off times are M</b>	Monday from 10a-12p and Tues	sday from 2p-4p
Date/Time requested to drop off:		