



**CASCADE
MEDICAL
FOUNDATION**

817 Commercial Street
Leavenworth, WA 98826
(509) 548-2523
foundation@cascademical.org
EIN: 91-1576083

In Kind Donation

_____ (*business name*) has donated _____ (*item name*)
in support of the Cascade Medical Foundation for the _____. The
fair market value of this item is \$_____.

In Kind Donor Information:

Name of Business: _____

Date: _____ Email: _____ Phone: _____

Address:

Thank You for Your Donation