

**LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER  
GIFT RECEIPT FORM**

**DONOR CONTACT INFORMATION:**

Name Estate of Norma Parenti

Richard Romano, Executor

Address 1547 25th Avenue

City, State Zip San Francisco, California 94122

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

ESTATE OF NORMA PARENTI 1547 25TH AVE. SAN FRANCISCO, CA 94122-3319		90-7162 3222 41082	142
DATE <u>11/30/2016</u>			
PAY TO THE ORDER OF	<u>Laguna Honda Hospital</u>	\$ <u>26,673.<sup>29</sup>/<sub>100</sub></u>	
<u>Twenty six thousand six hundred sixty three and 29/100</u>		DOLLARS	
CHASE 	JPMorgan Chase Bank, N.A. www.Chase.com		
MEMO _____		MP	
⑆322271627⑆		990093858⑈0142	

Approximate Value\*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**Proposed Use of Gift:**

Amenities and services for residents in all hospital programs

**Donor Signature (if available)**

The donor is sent an acknowledgement letter unless the contact information is not known.

**Date**

\* Donations of in-kind items do not have value placed upon them by hospital employees for purposes of donor tax obligation. Valuation is the responsibility of the donor.

- CASH DONATION \_\_\_\_\_
- CHECK # 142 AMOUNT \$ 26,673.29  
*Attach a copy of check(s) above*
- ON-LINE DONATION AMOUNT \_\_\_\_\_

**Accounting Use Only:**

FAMIS Date: HLMISC  
 Grant Code: \_\_\_\_\_  
 Index Code: HLH050104  
 Transaction Code: 718  
 Sub Object: 78101

*Volunteer Services Use Only:*

- Date: \_\_\_\_\_ In-kind Gift, Fair Market Value (Documentation attached): \$ \_\_\_\_\_
- Donated items were left in front of office
  - Donated items were received in person by: \_\_\_\_\_ (print name)
  - Acknowledgement letter and copy of Gift Receipt Form sent to donor (if address known)