



# 2018 SMOKE OUT SICKLE CELL FUNDRAISER

Benefiting the Charles Horn III Sickle Cell Program

**Galleria Marchetti**

825 W. Erie Street | Chicago, IL 60642

Wednesday, May 23, 2018 at 6:00 PM

## *In-Kind Donation Form*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of item(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Value: \_\_\_\_\_

Restrictions (if any): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

<b>Donation:</b>	<input type="checkbox"/> will be delivered	<input type="checkbox"/> please make a certificate for my donation
Does item have display materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Returnable	<input type="checkbox"/> Not Returnable

Please be sure to copy this form for your records, as this also serves as your donation receipt. The original form, along with any promotional materials may be forwarded to:

**Magellan Corporation**  
ATTN: Vickie Horn  
1650 Lake Cook Road, Suite 300A  
Deerfield, IL 60015  
224-533-2209 office | 847-509-0283 fax  
[vhorn@e-magellan.com](mailto:vhorn@e-magellan.com)  
**Due: Monday, May 7, 2018**

*All donations are tax deductible to the extent allowed by law.  
Internal Revenue Employer ID Number: 36-2170143*

*On behalf of La Rabida Children's Hospital and the special children we serve  
our sincerest thanks for your generosity.*