



KHYENTSE  
FOUNDATION

DONATION FORM

- PRODUCTS
- SERVICES
- BENEFITS

Please complete and return to Khyentse Foundation: P.O. Box 156648, San Francisco, CA 94115

Name of Donor: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

ITEMS/SERVICES Donated

Please include a brief description, estimated fair market value and suggested minimum donation.

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Please include digital photographs and appraisal reports if any. Donors of services please include brief resume. Use extra sheets if necessary. Check here if you wish to remain anonymous:

**I agree to make this donation to Khyentse Foundation for purposes as they see fit. Any decision they make with regard to resale, preservation or usage has my full approval. I also agree to arrange for shipping and/or delivery of my donated items to the purchaser or to the Khyentse Foundation, whatever is necessary or appropriate.**

Signature of Donor \_\_\_\_\_

Date \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ BG#: \_\_\_\_\_