

Gift in Kind Donation Form

Donor Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____

Item Information:

Gift Date: _____ Donor's estimated value*: \$ _____
 Description of Item(s): _____

Designated for Department/Event: _____

Restrictions/conditions that may apply to item: _____

Gift Card/Certificate:

Gift Card/Certificate Attached Value: \$ _____ Expires: _____

This form does not serve as a receipt for this contribution, but is intended for our internal record keeping purposes only. A receipt describing the items or merchandise donated will be mailed to the address supplied above once the gift has been accepted. *St. Mary Medical Center Foundation is unable to include the estimated value on the donor receipt, it is the responsibility of the donor to substantiate the fair market value for tax purposes. St. Mary Medical Center Foundation is a nonprofit organization under section 501(c)(3) of the Internal Revenue code Tax-ID: 23-7153876; therefore, your donation may be tax deductible as allowable by law. Please consult with your tax advisor to determine the tax implications of your gift.

Donor Signature: _____ Date: _____

Thank you for your gift!

Office Use Only:	
Accepted by: _____	Date: _____
Department: _____	Extension: _____
<input type="checkbox"/> use <input type="checkbox"/> sell <input type="checkbox"/> Auction <input type="checkbox"/> Raffle <input type="checkbox"/> Other _____	Form 8283 Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No