



Gift-in-Kind Donation Form

Gifts-in-Kind: Non-monetary items of tangible personal property such as art, collectibles, books, equipment, automobiles, other assets or materials which represent value to The AnMed Health Foundation. (This form does not cover gifts of real estate or securities.)

Donor Information:

Name: _____

Organization Name (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Item/Donation Information:

Item Description: _____

Quantity Donated: _____

(An inventory list and description of items may be attached to this application.)

Fair Market Value (Estimated by Donor) \$ _____

Instructions: In order to accept a gift-in-kind donation, the following is required:

A) Gift must be related to the mission of AnMed Health and/or The AnMed Health Foundation.

B) This Gift-in-Kind Donation form must be completed and forwarded to The AnMed Health Foundation Office.

If the item(s) is valued at over \$5,000 and the donor wishes to take a charitable tax deduction:

- a) An appraisal performed by an independent, certified appraiser, arranged for and paid for by the donor, of any item or group of similar items valued at over \$5,000 IRS tax form 8283, signed by the Executive Director of The AnMed Health Foundation if the item is valued at over \$5,000
- b) This item must be physically delivered to the Foundation or the recipient department. This delivery is the responsibility of the donor, and the expense of delivery is incurred by the donor.
- c) Once the item(s) and completed form have been received, the gift will be acknowledged. The AnMed Health Foundation does not acknowledge the value of the donation; that is solely between the donor and their tax adviser.
- d) An acknowledgement letter will state that a gift-in-kind donation of [item description] has been received. The date on which it is physically received will be considered to be the date of the charitable contribution

C) The AnMed Health Foundation is recognized by the Internal Revenue Service as a 501 (c)(3) organization EIN: 38-3886017. Donations are tax deductible to the extent allowed by law.

Donor Signature: _____ Date of Donation: _____

(Letter of gift or other documentation may be supplied in lieu of signature.)

If you have any questions, please contact The AnMed Foundation Office at (864) 512.3477. Completed forms should be sent via interoffice mail to the Foundation Office or emailed to: foundation@anmedhealth.org.

To be completed by department receiving donation	
Submitted by:	Title:
Department: Phone #:	Facility:
Received by Foundation Executive Director:	Date: