

# Gift In Kind Donation Form

**Donor or Company Name** (as to appear for recognition): \_\_\_\_\_

**Donor Contact Person** (not printed, if different than above): \_\_\_\_\_

**Address:**  **Business**       **Home**

\_\_\_\_\_  
\_\_\_\_\_

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

**Website:** \_\_\_\_\_

**Description of Item(s):** (quantity, size, color, restrictions and other information to ensure proper understanding of the donation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Item Value:** (Fair Market Value) \$ \_\_\_\_\_      **Min Bid** (if applicable): \$ \_\_\_\_\_

**Item(s) Restrictions:** (Please state any limitations or special conditions and any expiration dates, as applicable.)

\_\_\_\_\_  
\_\_\_\_\_

**\*Appraised Value:** (For receipt purposes for items over \$5,000) \$ \_\_\_\_\_

**\*Appraisal Included**      YES       NO

**Solicitor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature of Donor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(or Authorized Representative)

\*Due to IRS guidelines, if you request a receipt letter with a dollar value for income tax purposes, the donor must contract with a qualified independent third party to appraise and certify in writing the commercial value of the object given.

**Mission Hospital Foundation**  
**27700 Medical Center Road, Mission Viejo, CA 92691**  
**Office (949) 364-7783    Fax (949) 364-7750**  
Federal Tax I.D. # 95-1643360

If you would prefer not to receive fundraising mail or event invitations from this ministry, please call us at (949) 364-1400 ext. 7783 or check the box below and return this card and the Foundation will remove your name from all future mailings.

Please remove me from your solicitation mailing lists.