Gift-in-kind form

Donor Information ☐ Individual ☐ Organization or company

Donor name (as it should appear on receipt and in print)

Name of contact person (for organization or company

Address | **City** | **State** | **ZIP**

Phone | Business phone | Email

Item Information (If valued at more than $5,000 a qualified appraisal is required. See below.)

Item name

Estimated fair market value of item $ _____ *(Determined by donor.)*

Item description *(Please specify color, size, material; attach detailed list for collections or multiple items.)*

☐ I/we certify that I/we are the legal owners of the property being donated and this property is being donated to Fairview Health Services without restrictions.

Signature | Date | Signature (optional) | Date

Per IRS regulations, any item you value over $500 requires IRS Form 8283; any item you value over $5,000 requires Form 8283 and a written appraisal.
Contributions of services and partial interest (e.g., use of beach condo) are not deductible as charitable contributions.
With questions on the above, please refer to irs.gov publications 526 and 561, and consult your tax advisor.

Gift Information *(To be completed by the **hospital/clinic** accepting the gift)*

Date gift received **Hospital/clinic**

Purpose which accepted

Signature and contact information of hospital/clinic staff member accepting the donation

Name | Title

Phone | Email

Signature | Date

☐ Verified by Fairview development officer.

For more information:
Fairview Foundation
45 W. 10th St.
St. Paul, MN 55102
giving@fairview.org