

NON-CASH CHARITABLE CONTRIBUTION

Name _____ Phone # _____

Corporation (if business donation) _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____

Detailed description and designation of non-cash contribution:

Face Masks _____

N95 Masks _____

Sewn Masks _____

Gloves (S) _____ (M) _____ (L) _____ (XL) _____

Other _____

Estimated Value \$ _____ Basis of Estimate _____

I have attached an appraisal provided by a qualified independent appraiser (over \$5,000).

Donor signature (OR KHN Intake Representative) Date _____

Intake KHN Representative signature Date _____

Thank you for supporting the mission of the Kettering Health Network. This form serves as an acknowledgment of your non-cash gift, **but is not suitable for Internal Revenue purposes.**

This form and accompanying documentation must be forwarded to Rita Kaveney via email at Rita.Kaveney@ketteringhealth.org. Hard copies may be mailed to Kettering Medical Center Foundation, 3535 Southern Blvd., Dayton, OH 45429.

If you have additional questions, please contact the Foundation office at 937-395-8607.

FOR INTERNAL USE ONLY:

Incremented into Inventory: YES NO

Distributed To: _____

CLAIMING NON-CASH GIFTS ON YOUR TAX RETURN

Non-Cash Contributions worth \$500 or less

- Written receipt from the Kettering Medical Center Foundation.
- A reliable written record describing the donated property

Non-Cash Contributions worth \$500 or more

- Written receipt from the Kettering Medical Center Foundation.
- A reliable written record describing the donated property
- Donor must complete Part I of IRS Form 8283
- Maintain records indicating how property was acquired
- Property's cost if held less than 12 months prior to the date of contribution

What must be appraised?

- Property gifts (other than money or publicly traded securities) that have a claimed or reported value exceeding \$5,000.