

# NON-CASH DONATION FORM

FOR VALUE UNDER \$5,000

Phone: 214-456-8360

Please email or bring the completed form when delivering your donation.

Email: [development.services@childrens.com](mailto:development.services@childrens.com)



## DONOR INFORMATION

Would donor like to receive a receipt for tax purposes?  Yes  No

Individual(s):  Mr.  Mrs.  Ms.  Dr.  Miss \_\_\_\_\_

Organization: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Donor is a:  Volunteer  Patient family  Employee  Other: \_\_\_\_\_

## DONATION (Please explain clearly)

All donation of equipment or artwork for permanent display must have hospital approval prior to acceptance.

All non-cash items valued \$5,000 or more must be directly facilitated through Children's Medical Center Foundation.

Description of item(s): \_\_\_\_\_ Quantity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated value (according to donor): \$ \_\_\_\_\_

Volunteer hours spent on project: \_\_\_\_\_ Number of volunteers: \_\_\_\_\_

*Children's Health is very grateful for your volunteer hours however they are not tax deductible. We thank you for recording them here as they may be valuable when we apply for grants and other services.*

Would donor like to receive information for Children's Health in the future?  Yes  No

Children's Medical Center Foundation will keep adequate records. If donated item(s) with a value of \$500 or more is not consumed nor distributed for charitable purposes within 3 years, Children's Medical Center Foundation will file a Form 8282 accordingly.

### STAFF ONLY

Date received: \_\_\_\_\_ Location received: \_\_\_\_\_ Storage Required:  Yes  No

Received by: \_\_\_\_\_ Department: \_\_\_\_\_ Ext: \_\_\_\_\_