



GIFT IN KIND DONATION FORM

DONOR INFORMATION

Name

Street Address

City

State

Zip

Phone

Email

ITEMS DONATED

Description

Fair Market Value

\$

\$

\$

TOTAL VALUE

\$

REQUIRED SIGNATURES

Donor

Date

Baptist Foundation
Representative

Date

PLEASE NOTE: According to IRS guidelines, it is the donor's responsibility to determine the present fair market value of items donated.

Gifts to Baptist Memorial Health Care Foundation are tax deductible as allowed by law.

Baptist Memorial Health Care Foundation Employer Identification Number 58-1544751