

GIFT IN-KIND DONATION FORM

Date:			
HumanKind site where item was rec	eived:		
Received by:			
Donor Information:			
Organization:			
Contact Person:			
Address:			
City:	State:	Zip:	
Phone:			
E-mail:			
Description of Items Donated: (Ple	ase be specific)		
Estimated fair market value (by dor	·		
Please attach any backup documents if	available		

This form does not serve as a receipt for this contribution, but is intended for our internal record keeping purposes only. A receipt describing the items or merchandise donated will be mailed to the address supplied above. HumanKind is unable to include the estimated value on the donor receipt. It is the responsibility of the donor to substantiate the fair market value for his/her own tax purposes. An independent, qualified appraisal should accompany gifts with a fair market value over \$5,000 as required by IRS laws for valuing non-cash charitable contributions. The donor is determined as the individual or business who can claim the gift as a charitable deduction. IRS Form 8283 may be requested for gifts with a fair market value over \$5,000. HumanKind has the right to refuse any gift in accordance with our gift acceptance policy. Please consult with your tax advisor to determine the tax implications of your gift.

For questions and to return this form, please contact:

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