



# In-Kind Donation Form

Please fill out this form so that we may thank the donor properly and record the donation.  
A thank you letter will be sent to the donor which will serve as a tax receipt.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

SSN or Federal Tax ID# : \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

This donation is for:

- Greatest need
- In-Patient
- Special Needs
- Other:

Description of donation: \_\_\_\_\_

\_\_\_\_\_

Appraised value: \$ \_\_\_\_\_

If the value of the donation is \$5,000.00 or more, I am attaching a copy of the appraisal.

- Donor wishes to be anonymous

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee or Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you. We appreciate your support!  
Contributions are tax-deductible to the extent permitted by law.  
Stein Hospice is a not-for-profit 501(c)(3) organization