



Thank you for supporting
Dartmouth-Hitchcock

Non-Cash Donation Form

Donor Information *(please print clearly)*

Donor Name: _____ Organization (if applicable): _____

Address: _____

City, State, Zip: _____

Phone Number: _____ E-Mail: _____

Donation Information

Date of Donation: _____ Estimated Fair Market Value (donor assigned): \$ _____.

Description of Donation:

(Please be as specific as possible - i.e. 1 Oticon Hearing Aid, 5 stuffed animals, 1 case of paper):

Please Note:

- According to IRS guidelines, D-H may not provide an estimated value of your in-kind donation.
- In-kind donations are tax deductible as determined by the IRS. Please consult your Tax Advisor and/or IRS Publications 526 and 561 at www.irs.gov for more details.
- Donors who contribute an in-kind donation valued at \$500 or more may be required to complete IRS Form 8283, which D-H can provide with instructions.
- D-H reserves the right to use this donation as it feels most appropriate (i.e. patient support, institutional support, fundraising, etc.).

Honor/Memorial Information: _____

Donor Signature: _____

Donation Received By: _____ (D-H representative/staff member)

For staff use only

Fund ID benefiting from donation:

Appeal code (if applicable) _____

Please send completed form to:

Gift Recording - Development Office
One Medical Center Drive (HB7070)
Lebanon, NH 03756-0001

Questions?

Please contact us at 603-653-0700.