

Thank you for your support!

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, DH 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 DH can provide with instructions.
- DH 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:** _____ (DH representative/staff member)**For staff use only**

Fund ID benefiting from donation:

Appeal code (if applicable) _____

Please send completed form to:Medical & Healthcare Advancement
Attn: Gift Recording
One Medical Center Drive, HB 7070
Lebanon, NH 03756-0001**Questions?** Please contact us at 603-653-0700.