

Gift-in-kind form



Donor Information

Individual

Organization or company

Donor name (as it should appear on receipt and in print)

Name of contact person (for organization or company)

Address

City

State

ZIP

Phone

Business phone

Email

Item Information *(If valued at more than \$5,000 a qualified appraisal is required. See below.)*

Item name

Estimated fair market value of item \$ _____ *(Determined by donor)*

Item description *(Please specify color, size, material; attach detailed list for collections or multiple items)*

I/we certify that I/we are the legal owners of the property being donated and this property is being donated to the University of Minnesota without restrictions.

Signature

Date

Signature (optional)

Date

Per IRS regulations, any item you value over \$500 requires IRS Form 8283; any item you value over \$5,000 requires Form 8283 and a written appraisal.

Contributions of services and partial interest (e.g., use of beach condo) are not deductible as charitable contributions.

Should you have any questions on the above, please refer to www.irs.gov publications 526 and 561, and consult your tax advisor.

Gift Information *(To be completed by the hospital/clinic accepting the gift)*

Date gift was accepted

Hospital/clinic

Purpose for which accepted

Signature and contact information of hospital/clinic staff member accepting the donation

Name

Title

Phone

Email

Signature

Date

For more information:

University of Minnesota Foundation
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Minneapolis, MN 55455-2010
612-626-0416 • supportmhfv@umn.edu

Verified by UMF development officer. *(Initials)*