



# GIFT-IN-KIND DONATION

*Thank you for your donation.*

Name \_\_\_\_\_  
First MI Last

Organization/Title (If applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please check the category your donation falls within:**

- |  |  |
|--|--|
| <input type="checkbox"/> Educational Materials | <input type="checkbox"/> Medical Equipment |
| <input type="checkbox"/> Historical Items      | <input type="checkbox"/> Property          |
| <input type="checkbox"/> Books                 | <input type="checkbox"/> Other _____       |

VALUE OF YOUR DONATION: \$ \_\_\_\_\_ \*Documentation

Accepted by (NUHS Employee) \_\_\_\_\_  
Print Name Signature

Note: Internal Revenue Service Policy prohibits National University of Health Sciences (NUHS) personnel from making gift appraisals. If a gift is valued under \$5,000, the donor is responsible for the appraisal value of a gift. If the value of a gift is over \$5,000, the donor must include a written appraisal from an independent third party.

\*Additionally, due to new accounting principles, if a gift is valued over \$1,000, the donor must include documentation of the estimated value of the gift. **\*Please contact NUHS Alumni and Development for more information on required documentation.**

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**For NUHS use:**

Give copy to donor, forward copies to Vice President for Administrative Services (VPADS)

Acknowledgement

sent By VPADS: Initials \_\_\_\_\_ Date sent \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

**Please provide a brief description of each donated item (please print):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
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20. \_\_\_\_\_

