

Foundation Gift-In-Kind Acceptance Form

Please complete and give to Janet MacKenzie, Foundation Coordinator or email it to her at: jmackenzie@cancercenter.org

| Staff/Volunteer Securing Donat | ion |
|---|---|
| Date of Donation | |
| Donor's Name | |
| Donor's Address, City, State, Zip | |
| Description of Gift | |
| Value of Gift Provided by Donor | r ¹ |
| Itemized List of Gifts if No Store Receipt is Provided ² | |
| must also submit the appraisal with ² Please attach store receipt or, if u | r is required to arrange for an independent appraisal and complete <u>IRS Form 8283</u> . The donor in the gift to the CCCF in order for the foundation to accept it. Inavailable, an itemized list detailing the donated items. Visor concerning the deductibility of your gift and/or refer to <u>IRS Publication 526</u> . |
| | visor concerning the deductionity of your gift and/or refer to ins rubitation 320. |
| FOR INTERNAL USE How Gift Will Be Used | |
| General Fund | |
| Specific Program | |
| Signature | |
| Executive Director | |
| Foundation Accounting | |
| Date Received by Accounting | |
| Completed by | |