

THANK YOU FOR YOUR GENEROSITY!

Official Gift In Kind Receipt

(Please Print Clearly & Complete All Information)

Name of Donor _____

(As it will be listed in publications)

Contact Name (For Organization) _____

Address _____ City _____

State _____ Zip _____ E-Mail _____

Home Phone _____ Cell Phone _____ Business Phone _____

Please indicate the hospital to receive your gift:

- | | |
|--|---|
| <input type="checkbox"/> Blank Children's Hospital | <input type="checkbox"/> John Stoddard Cancer Center |
| <input type="checkbox"/> Eyerly Ball | <input type="checkbox"/> Methodist West Hospital |
| <input type="checkbox"/> Iowa Methodist Medical Center | <input type="checkbox"/> Unity Point at Home/Taylor House Hospice |
| <input type="checkbox"/> Iowa Lutheran Hospital | |

Please indicate the event to receive your gift: _____

Item(s) Donated (Qty)	Description
_____	_____
_____	_____
_____	_____
_____	_____

Inspiration for Giving _____

Donor's stated fair market value (retail) _____ (information for organizational use)

This amount is not substantiated by the recipient. The UnityPoint Health – Des Moines Foundation acknowledges that it received the donated property as described above on _____ (Date).

A copy of this form will serve as official recognition of a gift to the UnityPoint Health – Des Moines Foundation, specifically to the program or services listed above from the above donor. For information on deductibility, please contact your tax advisor.

The Internal Revenue Code requires that charitable contributions be substantiated and therefore we note that no goods or services were provided in return for this gift.

Received by

Donor Signature