



UnityPoint Health
Finley Health Foundation

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 _____ **Phone** _____

City _____ **State** _____ **Zip** _____

Thank you for your generosity!

Items(s) Donated:	
Number of items	Description
_____	_____
_____	_____
_____	_____
_____	_____

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

A copy of this form will serve as official recognition of a gift to Finley Health Foundation, specifically to the program or services listed above from the above donor. For information on deductibility, please contact your tax advisor. Generally, the amount of your deduction will be limited to your cost of the gift in kind.

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

For Foundation use only:

This amount is not substantiated by the recipient. Finley Health Foundation acknowledges that it received the item(s) as described above on _____ **(Date)**.