Request for Gift-In-Kind Receipt

Beaumont Health Foundation request for Gift-In-Kind receipt

This form must be COMPLETED to assure the Gift-In-Kind contributions to the Beaumont Health Foundation are properly acknowledged with an official receipt as a record for tax purposes. The I.R.S. requires a contemporaneous acknowledgment. Please process this request promptly.

DATE GIFT RECEIVED: _______________________________ Phone: _______________________________

DONOR NAME: __________________________________________

ADDRESS: ______________________________________________

CITY/STATE/ZIP: __________________________________________

DEPARTMENT RECEIVING GIFT: ______________________________

DEPARTMENT CONTACT: ______________________________ PHONE: ______________________________

DEPARTMENT HEAD: ______________________________ PHONE: ______________________________

(Above signature required and represents an acknowledgment that items have been received by Department)

GIFTS(s) DESCRIPTION: Any letter of agreement and/or acceptance and other supporting documents must be attached to support this gift. Letters of agreement and conditions of gifts are subject to approval by the Foundation.

Item: __________________________________________________

Fair Market Value (FMV): $ ________________________________

By whom was/were the item(s) valued?

(Attach copies of valuations/appraisals if available. If over $5,000, IRS Form 8283 and certified appraisal must be presented to the Beaumont Health Foundation.)

Donor’s claimed value (if different from FMV): ______________________________

(If none stated, a default value to the Beaumont Health Foundation will be ascribed pursuant to internal procedures.)

The donor will receive a gift acknowledgment that describes the gift.

In order to properly record such a gift, the value to the Beaumont Health Foundation is needed and must be determined by each individual/corporation making this gift. This value must be recorded on the line below. Questions about valuation of gifts should be addressed to the Foundation Office at (947) 522-0100.

Item(s) will be retained by Beaumont Health Foundation for more than 24 months _____; less than 24 months _____(Department Head must check one option.)

_____ Check if goods/services costing more than $6.40 were provided to the donor in exchange for Gift-In-Kind. If yes, the value of goods and services provided is $ __________________________.

NOTICE: Donor may be required to file IRS Form 8283 with his/her personal return. Advise them to consult with their personal tax advisor.

RETURN COMPLETED FORM TO: BEAUMONT HEALTH FOUNDATION
26901 Beaumont Boulevard, Site #433 5D
Southfield, MI 48033

Updated 07/20/2018