

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**