



Gift-In-Kind Contribution Form

Date: _____

DONOR INFORMATION

(Dr./Mr./Mrs./Ms.) Name: _____

Address: _____

Email: _____

Phone: _____

Contribution description: _____

Value as stated by donor: _____

The value of any item, regardless of the amount, is used for internal gift reporting only. It is the responsibility of the donor to substantiate the fair market value for his/her own tax purposes.

Donor-preferred acknowledgement listing: _____

Donor signature: _____

Address: _____

City, State ZIP: _____

Solicitation purpose: _____

Solicitor signature: _____

Tanner department and extension: _____

All solicitation activities must be approved by Tanner Medical Foundation prior to contact with donor.

Please return this completed form to: