



GIFT-IN-KIND DONOR FORM

Donor is: INDIVIDUAL ORGANIZATION/COMPANY

Donor Name: _____
If joint gift, please provide both names. If organization/company, list name of company

Primary Contact: _____
For organization or company gift only

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

GIFT INFORMATION

Gift Type: TANGIBLE ITEM SERVICE

Description of Gift-in-Kind (please be specific): _____

Gift Restrictions: (i.e. blackout/exp. date) _____

Estimated Fair Market Value of Gift: \$ _____ (determined by donor)

Donor Signature: _____ Date: _____

Donations may be mailed or delivered to the following address:
3860 Calle Fortunada, Suite 101, San Diego, CA 92123
Phone: 619.284.9281 Email: development@elderhelpofsandiego.org
Thank you for your generosity!

This form does not serve as a receipt for this contribution, but is intended for our internal record keeping purposes only. A receipt describing the items or services donated will be mailed to the address supplied above. ElderHelp of San Diego is unable to include the estimated value on the donor receipt. It is the responsibility of the donor to substantiate the fair market value for his/her own tax purposes. Please consult with your tax advisor to determine the tax implications of your gift. ElderHelp is a bona fide 501c3 organization and its tax identification number is 95-2880426. Donations are tax-deductible to the fullest extent of the law.

Obtained by: _____	Staff Initials: _____
Phone Number: _____	Date: _____