



GIFT IN-KIND DONATION FORM

Date of Donation: _____

Received by: _____

Donor Information:

Company Name, if applicable: _____

Name as you wish it to appear in public recognition: _____

☐ I wish to remain anonymous

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Description of Items Donated: (Please be specific)

Estimated fair market value (by donor): \$ _____

Gift designated to fund/event: _____

This form does not serve as a receipt for this donation but is intended for St. Elizabeth Foundation's internal record keeping purposes. St. Elizabeth Foundation 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 their own tax purposes. IRS Form 8283 may be requested for gifts with a fair market value over \$5,000. St. Elizabeth Foundation has the right to refuse any donation in accordance with our gift acceptance policy. Please consult your tax advisor for more information.

For questions and to return this form, please contact:

St. Elizabeth Foundation
1 Medical Village Drive
Edgewood, KY 41017
(859) 301-3920
stelizabeth.com/foundation
stefoundation@stelizabeth.com