

Non Cash Donation Form

Thank you for supporting Dartmouth-Hitchcock

Donor Information (please print clearly)

Donor Name	_____
Organization (if applicable)	_____
Address	_____
City, State, Zip	_____
Phone Number	_____ E-Mail _____

Donation Information

Date of Donation	_____	Estimated Fair Market Value (donor assigned) \$	_____
Description and Honor/Memorial info <i>(Please be as specific as possible - i.e. 1 Oticon Hearing Aid, 5 stuffed animals, 1 case of paper)</i>	_____	_____	_____
Donor Signature	_____		
Please Note			
<ul style="list-style-type: none">• According to IRS guidelines, D-H may <u>not</u> provide an estimated value of your in-kind donation.• In-Kind donations are tax deductible as determined by the IRS. Please consult your Tax Advisor and/or IRS Publications 526 and 561 at www.irs.gov for more detail.• Donors who wish to contribute an in-kind donation valued at \$500 or more may be required to complete IRS Form 8283 which D-H can provide with instructions.• D-H reserves the right to use this donation as it feels most appropriate (i.e. guest support, house support, fundraising).			
Donation Received By	_____ (D-H Volunteer/Staff Member)		

For Staff use

Fund, Dept, or Project benefiting from donation:	_____
Appeal code (if applicable)	_____

Please send completed forms to:

Gift Recording - Development Office
One Medical Center Drive
Lebanon, NH 03756-0001