



# Gift In Kind Donation Form

## Donor Information

Name \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_  Home  Cell

Email \_\_\_\_\_

For recognition purposes, list my/our name as:  
\_\_\_\_\_

I wish to remain anonymous

## Tribute Information (optional)

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

*If you would like an acknowledgement sent to the honoree or another person, please complete the information below.*

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Relationship to honoree \_\_\_\_\_

## Gift Information

Description of in kind donation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Value of donation\*: \$\_\_\_\_\_ *If the value is over \$500 a Gift Agreement is also required.*  
*\*When valuing a gift in kind donation it is the responsibility of the donor to follow IRS guidelines.*

Which home is your donation for:

- MVH Augusta       MVH Bangor       MVH Caribou       MVH Machias
- MVH Scarborough     MVH South Paris     Greatest Need

Was the item(s) donated to a specific event, unit, department or program? If so, which one:  
\_\_\_\_\_

Did you receive anything in return for the donation?  No  Yes *If yes, please explain below:*  
\_\_\_\_\_

Donor Signature \_\_\_\_\_

Date \_\_\_\_\_