Gift In-Kind Acceptance Form

Adventist Health Castle

Thank you for considering a gift in-kind to support Adventist Health Castle. Our Gift Acceptance Policy requires the review and approval of all gifts in-kind so that we may properly use, acknowledge and recognize your gift.

Gift Information

Please describe the gift in as much detail possible, indicating the quantity, serial number, model number, manufacturer, etc., and whether it needs space, additional support, material and/or service to operate. Attach a separate sheet if necessary.

_____

_____

_____

_____

Gift Valuation

Value: $_____

In accordance with IRS rules, Adventist Health will not include the estimated value of a gift in any donor acknowledgement letter.

Please attach valuation documentation, if any.

Valuation Method

- ☐ Appraisal if over $5,000 per IRS (donor to provide within 60 days of gift)
- ☐ Vendor/Organization invoice
- ☐ Value not provided by donor; determined by qualified expert.
- ☐ Itemized inventory list
- ☐ Published Fair Market Value (catalog, website, etc.)
- ☐ Donor Estimate

Donor Information

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. *OR* ☐ Business

Primary Donor Name (as you would like it acknowledged and credited)

Spouse/Partner Name (for joint gifts) Business Primary Contact Name

Address

City State Zip

Phone ☐ Cell ☐ Home ☐ Work Email

☐ I/we prefer this gift to be anonymous.

Signature (required) Date

Gift Restrictions

- ☐ Gift made with stipulations/limitations (please attach details)
- ☐ Gift may be retained and used for AH purpose
- ☐ Gift will be sold and used for: _____

_____

FOR INTERNAL USE ONLY

Gift Designation

_____

- ☐ Specialty/Service _____
- ☐ Fund _____
- ☐ Event _____

1. Attach documentation from donor conveying the gift to AH
2. Gift agreement (if valued over $10,000)

Market Philanthropy Executive Signature Date

Signature required to submit form to Gift Acceptance Committee.

Administrative Director of Philanthropy Services Date

Signature indicates gift is approved by Gift Acceptance Committee.

We are pleased to have you as a partner in our mission. For any questions or additional information on your gift, please contact us at 808-263-5335 or castlemedgift@ah.org.