



Shriners Hospitals
for Children®

SHRINERS HOSPITALS FOR CHILDREN® — Northern California

DONATION OF IN-KIND GIFTS FORM
***PLEASE PRINT LEGIBLY**

DATE: _____

FROM: _____
(Name of individual or organization donating item(s))

ADDRESS: _____
(Mailing address acknowledgement should be sent to)

City State Zip Code

TELEPHONE NUMBER: _____

DONATION BROUGHT IN BY: _____

DONATION RECEIVED BY: _____
(Hospital Personnel Only)

DESCRIPTION OF DONATED ITEMS: *(i.e. Number of games, books, stuffed animals, batteries, puzzles, etc.)*

PLEASE CHECK: Is this donation a collectible and/or with an estimated value of \$1,000 or more?

- No
- Yes. Please provide an appraisal and have the Receptionist contact the Director of Fiscal Services before leaving the donation.

Shriners Hospitals for Children® does not assign a value to non-monetary donations.
***For IRS tax purposes, the individual donor must provide proof of value.**

\$ _____ **Estimated Value***

DONOR SIGNATURE: _____

If gift is estimated to be valued above \$500, and the donor is interested in a tax deduction, IRS Form 8283 must be completed and returned to Shriners Hospitals for Children®—Headquarters for signature.

PLEASE ATTACH THIS SHEET TO EACH DONATION & FORWARD TO MATERIALS MANAGEMENT DEPARTMENT

Alan Anderson, Director of Development
Star Deppe, Director of Logistical Services

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Security --- Please submit form to the Business Office