



Gift-In-Kind Donation Form

**Children's Hospital of
 Michigan Foundation**
 3911 Beaubien
 Detroit, MI 48201-9802
 313-964-6994
www.chmkidsfoundation.org

Please Print Clearly

DONOR NAME _____

Contact Person (if different than donor name) _____

Address _____

City, State/Province, Zip code _____

Phone () _____ **Fax ()** _____

Email: _____

I do not require a receipt.

ONLY NEW ITEMS ARE ACCEPTED

<i>Description of items donated</i>	<i>Value assigned by donor</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Thank you for your in-kind gift. Children's Hospital of Michigan Foundation reserves the right to use your donation in the best interest of the children it serves. Certified appraisals may be required for gifts of art.

Received by _____ **Date** _____

Children's Hospital of Michigan Foundation is classified as a not-for-profit charity under section 501 (c)(3) of the Internal Revenue Code. Gifts to the Children's Hospital of Michigan Foundation are tax-deductible to the full extent provided by law. Please consult your tax advisor regarding the deductibility of your gift. **Gifts valued at \$5,000 or more require an independent appraisal, in writing, secured at the donor's expense.**