



In-Kind Donation Form

Please fill out this form so that we may thank the donor properly and record the donation.
A thank you letter will be sent to the donor which will serve as a tax receipt.

Name: _____ Date: _____

Company/Organization: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN or Federal Tax ID# : _____

Telephone: _____

Fax: _____

E-Mail: _____

This donation is for:

- ☐ Greatest need
- ☐ In-Patient
- ☐ Special Needs
- ☐ Other:

Description of donation: _____

Appraised value: \$ _____

If the value of the donation is \$5,000.00 or more, I am attaching a copy of the appraisal.

☐ Donor wishes to be anonymous

Donor Signature: _____ Date: _____

Employee or Volunteer Signature: _____ Date: _____

Thank you. We appreciate your support!
Contributions are tax-deductible to the extent permitted by law.
Stein Hospice is a not-for-profit 501(c)(3) organization