

GIFT-IN-KIND DONOR FORM			
onor is:	INDIVIDUAL	ORGANIZATION/COMPANY	
onor Name:			
	If joint gift, please provide both names. If organization/o	company, list name of company	
rimary Contact:		6. 1	
alaluana.	For organization or company g	•	
aaress:			
ity:	State:	Zip:	
hone:	Fax:		
mail Address:			
	GIFT INFORMATIO	N	
ift Type:	TANGIBLE ITEM	SERVICE	
escription of Gift-in-k	Kind (please be specific):		
•			
ift Restrictions: (i.e. l	plackout/exp. date)		
•	olackout/exp. date)		
ift Restrictions: (i.e. t	,	(determined by donor)	
•	,		
stimated Fair Market	,	(determined by donor) Date:	
stimated Fair Market	Value of Gift: \$	(determined by donor) Date: the following address:	
stimated Fair Market Ponor Signature:	Value of Gift: \$ Donations may be mailed or delivered to	(determined by donor) Date: the following address: Diego, CA 92123	

This form does not serve as a receipt for this contribution, but is intended for our internal record keeping purposes only. A receipt describing the items or services donated will be mailed to the address supplied above. ElderHelp of San Diego is unable to include the estimated value on the donor receipt. It is the responsibility of the donor to substantiate the fair market value for his/her own tax purposes. Please consult with your tax advisor to determine the tax implications of your gift. ElderHelp is a bona fide 501c3 organization and its tax identification number is 95-2880426. Donations are tax-deductible to the fullest extent of the law.

Obtained by:	Staff Init	ials:
Phone Number:	Date:	