



EvergreenHealth Foundation In-Kind Donation

STAFF INSTRUCTIONS: Please secure the required signatures and send the completed form and any donor correspondence, to the EvergreenHealth Foundation office @ MS #5. If you need assistance, please call the Foundation office at 425. 899.1900.

DONOR INFORMATION- Please list your name(s) as you would like it to appear on EvergreenHealth Foundation donor lists

Name(s): _____ Phone: _____

Address: _____

City, State, Zip: _____

Email: _____

I wish to remain anonymous on donor recognition lists – only use name to issue gift acknowledgement.

DESCRIPTION OF GIFT: _____

FAIR MARKET VALUE OF GIFT: \$ _____ **PLEASE NOTE: According to IRS rules it is the donor's responsibility to determine the fair market value of this non-monetary gift to EvergreenHealth.**

Date In-Kind donation was received: _____

Dept. that Item(s) Donated Benefited: _____ Cost Center: _____

Form Submitted by: _____ Phone: x _____ MS: _____

REQUIRED: Dept. Manager or Authorized Signer: _____

Submit form to: EvergreenHealth Foundation
12040 NE 128th St. MS #5
Kirkland, WA 98034-3098
T: 425.899.1900 F: 425.899.1904
Visit us in Tan – 300-Evergreen Surgical and Physicians Center

EvergreenHealth Foundation is a 501 (c) 3 non-profit organization registered with the Washington Secretary of State.

Your gift is tax deductible to the extent provided by law.

This form is not your official receipt; a gift acknowledgment letter will be mailed to you at the address supplied above.