



Intermountain Foundation®

36 South State Street | Salt Lake City, UT 84111-1486
Email: Foundation@imail.org | Website: IntermountainFoundation.org
Phone: (801) 442-3443

Non-Cash Donation Tax Receipt

Intermountain Facility _____

Thank you for your generous donation. For receipting purposes, please complete all sections of the form below. This form serves as your official tax receipt. Please retain a copy for tax purposes. The Foundation certifies that you received neither goods nor services in whole or in part for your gift. Intermountain Healthcare Foundation is a 501(c)(3) non-profit organization, Tax ID# 80-0225150.

1. Donor Information (*Please Print)

This is a gift from an:

| | |
|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Organization |
| _____ Title First Name Last Name | _____ Organization Name |
| | _____ Title Organization Contact Name (First and Last) |

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ E-mail: _____

Cell Home Business

2. Description of Item(s) & Estimated Value

Intermountain Foundation gratefully acknowledges the non-cash donation(s) described below.

| Quantity | Detailed Description | Estimated Value |
|----------|----------------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Total Estimated Value \$ _____

Please be aware that the IRS requires donors to describe and declare the value of non-cash charitable contributions. Donors should seek professional tax advice for the deductibility of their contribution(s). This acknowledgment does not represent agreement with the declared value.

Additional background or information about your gift: (Optional)

3. Sign & Date

Signature of Donor: _____ Date: _____