

Mount Saint Vincent

Thank you for your generous donation. Please **complete all sections** of the form below, for receipting and for Intermountain IRS reporting purposes (even if you do not intend to claim the gift on your taxes). If you do wish to claim this gift on your taxes, 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 nor in part for your gift. Mount Saint Vincent is a 501(c)(3) non-profit organization. Tax ID# 84-0405260.

1. Donor Information ***Please Print Legibly***

This is a gift from (choose one only) ☐ Individual ☐ Organization or ☐ Anonymous

Individual _____ Title First Name Last Name	Organization _____ Organization Name _____ First & Last Name of Person Dropping Off
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Please provide address for the
Individual or Organization listed above:

Address: _____
Street City State Zip

Preferred Phone: _____ Email: _____
☐ Cell ☐ Home ☐ Business

2. Description of Item(s) & Estimated Value ***Please Print Legibly***

Mount Saint Vincent gratefully acknowledges the non-cash donation(s) described below.

Quantity	Detailed Description - Attach additional sheet if needed	Estimated Value

Total Estimated Value \$ _____

Please be aware that the IRS requires donors to describe and declare the value of their non-cash charitable donation(s). Mount Saint Vincent gratefully acknowledges the non-cash donation(s) described above. Donors should consult with a tax advisor regarding the deductibility of their donation(s). To remain compliant with government requirements, there is a value limit associated with items gifted to patients and caregivers; thank you in advance for your understanding if we take steps necessary to remain within those limits.

Additional background or information about your gift: (Optional)

3. Acknowledgement

If the estimated value of a single donation item is \$5,000 or more, and you plan to declare the value on your taxes, the IRS will require a Form 8283. Please indicate here if you would like the Foundation to provide a Form 8283. ☐ Yes ☐ No

4. Sign & Date

Signature of Donor: _____ Date: _____

For Office Use Only
Gift Received By: _____ Date: _____
Intermountain Caregiver - Print Full Name