

## Non-Cash Gift Form

Donor Name \_\_\_\_\_  
(Individual or Organization) (First) (Last)

Contact Person (if organization) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

If a corporate gift, is this a company product? \_\_\_\_\_

I (We) hereby give, transfer, and deliver to Sutter Health, the property described below, which I (we) own (please include model & serial numbers of equipment):

I have no objections to this donation being sold; however, I would recommend that any monies derived from the sale are directed to the Area of Greatest Need or \_\_\_\_\_

**Fair Market Value as determined by the donor:** The IRS defines fair market value as “the price a willing knowledgeable buyer would pay a willing, knowledgeable seller when neither has to buy or sell.”  
\$ \_\_\_\_\_

**Appraised value:** If the value of the donation is \$5,000.00 or more, a written appraisal from an independent professional is required by the I.R.S. in order for a donor to substantiate tax deductions. I am attaching a copy of the appraisal.

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Completed by Receiving Person:**

Individual Reporting Gift \_\_\_\_\_ Title \_\_\_\_\_

Department \_\_\_\_\_ Campus \_\_\_\_\_ Phone \_\_\_\_\_

Were goods and/or services provided in exchange for this gift? \_\_\_\_\_ If yes, list value \$ \_\_\_\_\_

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**Approved for Acceptance:**

\_\_\_\_\_ Date: \_\_\_\_\_  
(Hospital or Clinic Administration or Department VP)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Philanthropy Representative)

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**Submit for processing and acknowledgement:**

Submit completed form to Sutter Health Philanthropy at [giving@sutterhealth.org](mailto:giving@sutterhealth.org). The gift will be recorded and the donor will be acknowledged. The Foundation must be informed if above item(s) are sold within 3 years from the above date. Gifts in-kind cannot be formally accepted and recorded until this report is approved.