

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: _____

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 \$ _____

Approved for Acceptance:

_____ Date: _____
(Hospital or Clinic Administration or Department VP)

_____ Date: _____
(Philanthropy Representative)

Submit for processing and acknowledgement:

Submit completed form to Sutter Health Philanthropy at 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.