

Office of Development | Gift in Kind Form

Description of Item/Services Donated

Estimated Fair Market Value: _____

Note: This form does not serve as a gift receipt for this contribution, and is intended for internal office use only.

This donation is: *an individual contribution* *a corporate contribution*

Name _____
Title _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

I acknowledge this donation has **been** made to and accepted by Yale New Haven Hospital. The information stated above is accurate and the estimated Fair Market Value is in accordance with IRS regulations. All documentation regarding this gift is attached.

Donor Signature _____ Date _____

Please return this form to:

Yale New Haven Hospital
Office of Development
P.O. Box 1849
New Haven, CT 06508
Tel: (203) 688-9644
Fax: (203) 789-3898