



Gift-In-Kind Contribution

Des Moines Foundation

For (check one)

- | | | | |
|--|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Children's Hospital | <input type="checkbox"/> Centerville | <input type="checkbox"/> Hospice Care | <input type="checkbox"/> House of Mercy |
| <input type="checkbox"/> Mercy College | <input type="checkbox"/> Newton | <input type="checkbox"/> Other _____ | |

Last Name: _____ First Name: _____

Organization/Company: _____
(Please skip this field if gift is from an individual)

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Email: _____

For your convenience, you may list the estimated value of your gift(s) in the space below for your records. We do not assign a specific value to your gift; that is your privilege as a donor.

Item(s) Donated:

Total Estimated Fair Market Value (as determined by donor): \$ _____

Received By: _____ Date: _____
Staff/Volunteer Signature

DONOR:

*Please keep the yellow copy of this form as a record of your gift. This signed form confirms that no goods or services were provided in exchange for this charitable contribution.
Thank you for your support!*

MercyOne Des Moines Foundation 411 Laurel St., Ste. 2250, Des Moines, IA 50314
Phone: 515-247-3248 Fax: 515-643-8026

White Copy: MercyOne Des Moines Foundation Yellow Copy: Donor