

In-Kind Donation Receipt

Name of Donor or Company: _____

Contact Person: _____ Title: _____

Address: _____ Phone: _____

City/State/Zip: _____ Email: _____

Description of donated item(s):

Purpose of Donation: _____

The donated item(s) are valued by the donor at: \$_____*

* Please note that donation values can only be recognized with supporting documentation ie: a receipt or a face value gift certificate. If the fair market value exceeds \$500.00, the donor must obtain a value confirmation from an independent third party and a copy of that valuation must be attached. I have given this in-kind gift to Broadlawns Medical Center and the above value is my estimate of its fair market value at the time it was given. This/these item(s) are the sole property of the Broadlawns Medical Center or the Broadlawns Medical Center Foundation. No gifts or services were received or expected in return for this gift.

Signed: _____ Date: _____
Donor's signature

Please check here if you do not wish to be recognized for your gift by the BMC Foundation within the annual donor report or on the Donor Recognition Board in the Medical Center lobby.

I acknowledge the receipt of this in-kind donation.

Signed: _____ Date: _____
BMC representative

(Circle one: Senior Executive Service Line Manager Patient Advocate Social Services Foundation Representative)

Please return signed receipt to:

Broadlawns Medical Center Foundation
1801 Hickman Road
Des Moines, IA 50314
(515) 282-2496

Thank you for helping Broadlawns achieve its mission of providing quality healthcare that is coordinated, cost-effective and accessible to our community.