



Gift-in-Kind Donation Form

To be completed by Donor – E-mail completed from to Beth@ubcf.info

Date: _____ Please check one: Individual (Donor) Organization (Donor)

Name as you would like to be recognized: _____

Contact (if different from above) : _____

Telephone: _____ Fax: _____ E-mail: _____

EIN or Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Description of Gift: _____

Quantity: _____

Restrictions or conditions that may apply to donated item: _____

I have no objections to this donation being sold.

Fair Market Value for your Gift: 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 donation is \$5,000.00 or more, I am attaching a copy of the appraisal.

\$ _____ *IRS Form 8283 is available if value is over \$5000

Signature of Donor _____

*Letter of gift or other documentation may be supplied in lieu of signature

To be completed by United Breast Cancer Foundation:

Director of Operations: _____ Signature (Print): _____

Foundation Approval: _____ Date: _____

Submit form and questions to Beth Reichart, Director of Operations; Beth@ubcf.info, 877-822-4287 x2

Thank you for your generosity!

United Breast Cancer Foundation is a nonprofit organization under section 501 (c)(3) of the Internal Revenue code; therefore, your donation may be tax deductible as allowable by law. However, please note that guidelines established by the IRS do not permit us to provide you with an estimated value of your contribution. PLEASE RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS. UBCF Tax-ID: 11-3571208 v2-14