

Your support means so much to us and our patients. Thank you for your interest in supporting our mission to improve the health of our community with a gift-in-kind donation.

Gifts-in-Kind: Non-monetary items of tangible personal property such as art, collectibles, books, equipment, other assets or materials which represent value to Inova and the Foundation. (This policy does not cover gifts of real estate or securities.)

INSTRUCTIONS:

- 1) In order to accept a gift-in-kind donation, the following is required:
 - a) Gift must be related to the healthcare mission of Inova Health Foundation
 - b) This Gift-in-Kind Donation form must be completed and forwarded to the Foundation at Cambridge Court.
 - c) If the item(s) is valued at over \$5,000 and the donor wishes to take a charitable tax deduction:
 - An appraisal performed by an independent, certified appraiser, arranged for and paid for by the donor, of any item or group of similar items valued at over \$5,000
 - IRS tax form 8283, signed by the President of the Inova Health Foundation if the item is valued at over \$5,000
 - d) This item must be physically delivered to the Foundation or the recipient department. This delivery is the responsibility of the donor, and the expense of delivery is incurred by the donor.
- 2) Once the item(s) and completed form have been received, the gift will be acknowledged. Inova Health Foundation does not acknowledge the value of the donation; that is solely between the donor and their tax adviser. An acknowledgement letter will state that a gift-in-kind donation of [item description] has been received. The date on which it is physically received will be considered to be the date of the charitable contribution.
- 3) Final acceptance and approval of this gift-in-kind donation is the responsibility of the President of the Inova Health Foundation, whose signature is required on this form to finalize the donation.
- 4) If the item requires storage space, the cost of storage space will be incurred by the department receiving the gift.

Please print or type the following information

Date: _____

☐ Auction item?

Description of gift: _____ Quantity: _____

Estimated value of gift (by donor): _____ IRS Form 8283 is attached (if value over \$5000) ☐ Yes ☐ No

Intended purpose of gift (which department/program will receive gift): _____

Signature of donor _____
(letter of gift or other documentation may be supplied in lieu of signature)

Donor name _____

☐ Donation by a minor(s)? _____
(Name of minor(s), if applicable)

Contact name _____

Donor's address _____
(Street) (City, State, Zip)
(Telephone) (E-Mail)

To be completed by department receiving donation	
Submitted by:	Title:
Department: Phone #:	Facility:

If you have any questions, please contact the Foundation Office at (703) 289-2063

Foundation Acceptance and Approval: _____ Date: _____

President Inova Health Foundation/Designee