CCMH Foundation Donation Form FOFORMfFORForm

**IN-KIND DONATION FORM**

Thank you for your donation to CCMH Foundation. The CCMH Foundation, a 501(c)3, tax exempt non-profit organization, accepts in-kind donations on behalf of Community Memorial Hospital and SHCC. Your support helps us meet our mission to improve the health our community and broader area.

 **PLEASE PRINT**

Date: \_\_\_\_\_\_\_\_

Name of Donor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post on Social Media: [ ]  Yes [ ]  No

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| Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Person (for organization): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Gift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Gift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Value of Donation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*It is the donor’s responsibility to estimate the value of the gift for their tax return. In order to provide the donor with a tax-deductible gift receipt, the US Internal Revenue Service requires and estimated gift value.

\***Food & Treats** Food is only accepted from restaurants and stores and in its original packaging. Please provide your contact information and we will reach out to you to coordinate a time and date of delivery. You may email Donations@cmhmn.org or, email lkorby@cmhmn.org with specific questions.

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| **CMH/SHCC Staff:** When receiving an in-kind donation, please fill out this form, or ask the donor to fill it out. The Foundation will send an acknowledgement receipt to the donor. Place the completed form in the Foundation mailbox or door slot on third floor. CMH/SHCC Staff filling out this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CHECK-OFF LIST: [ ]  Is the donor information complete with name, address and zip code?[ ]  Is there a complete description and purpose of the gift and date of donation?[ ]  Is there a gift value entered? [ ] Is the staff section complete with first and name last name with location?  |

**Please return this form to the CCMH Foundation at 512 Skyline Boulevard Cloquet, MN 55720 or email it to** **Donations@cmhmn.org**