GIFT-IN-KIND DONATION FORM FY20

Make-A-Wish® GREATER VIRGINIA

1) DONOR INFORMATION:

Donor Name

Company Contact/Title

Address

Phone/ Ext.

Email

2) GIFT INFORMATION:

Describe the Gift in Detail

Expiration / Restrictions

Event/Purpose _____ Wish Child Name (if applicable) _____

3) GIFT VALUE:

Estimated value: $_____ *

4) DO YOU WISH TO BE ACKNOWLEDGED?

☐ Y ☐ N

** If greater than $5,000, attach Form 8283 and include required independent appraisal or manufacturer's invoice*

Donor Signature: _____ _____

(only required if no receipt) Name Gift Date

Gift Obtained by: _____

Name

For Office Use Only

MAW Representative Contact Name _____

5) Constituent ID _____ **6) Solicitor ID** _____ **Soft Credit ID** _____

7) Type of Gift ☐ Goods ☐ Services

8) Valuation Method (Check one) *Documentation supporting this gift must be attached to this form.*

☐ Invoice or receipt
☐ Independent appraisal
☐ Stated by donor (**must** have Donor written statement/signature)
☐ Published value (catalog, etc.)
☐ Value not provided by donor; value determined by making a good faith estimate

9) Purpose of Gift

☐ Wish
Wish Child Name: _____
Wish Child Number: _____
Actual Wish Date: _____
Wish Expense Type: Choose an item. _____

☐ Internal Event
Event Appeal Code: _____ - _____ - _____
Purpose: ☐ Auction ☐ Raffle ☐ Other

☐ Other: Code: _____-_____-_____ Other Purpose: _____

Please be sure to complete all sections, sign and date this form.

Rev. 09-25-2017