



Thank you for your interest in making a Gift-In-Kind to University Hospitals. For the processing and recognition of your gift, please provide the required documentation to substantiate its value.

**I. Donor Information**

Donor Name: \_\_\_\_\_  
 Contact Person (if different than donor): \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**II. Gift Information (*Gifts of services and use of property without transfer of ownership to UH are not tax-deductible*)**

Gift Description: \_\_\_\_\_  
 \_\_\_\_\_ Current Fair Market Value: \_\_\_\_\_

**III. Required Documentation**

Personal Gift-In-Kind: Valued at \$5,000 or less: Attached (1) qualified appraisal; (2) bill of sale/invoice and proof of payment; or (3) sufficient documentation of comparable sales or FMV  
 Valued at more than \$5,000: Attached qualified appraisal and IRS Form 8283  
 Corporate Gift-In-Kind: If Purchased by Corporation: Attached bill of sale/invoice and proof of payment and if gift is valued over \$5,000 then (2) a qualified appraisal  
 Inventory of /Property Sold by Corporation: Attached itemized statement supporting the declared value  
 Bargain Sale (discounted inventory sold to UH): Attached invoice indicating discount as charitable discount  
 Personal or Corporate Out-of-Pocket Expenses (pre-approved by UH):  Attached bill of sale/invoice and proof of payment

**IV. Designation, Additional Information and Signature**

UH Event: \_\_\_\_\_  
 UH Area of Greatest Need  Other: \_\_\_\_\_  
 Legal or time restrictions? \_\_\_\_\_ Can gift be exchanged or transferred? \_\_\_\_\_

\_\_\_\_\_  
**UH Staff or Event Committee Member** **Date**  
 \_\_\_\_\_  
**Donor Signature Required** **Date**  
 \_\_\_\_\_

Please return this completed form and supporting materials to: **University Hospitals  
 Institutional Relations & Development  
 11100 Euclid Avenue, Mail-Stop MCCO 5062  
 Cleveland, Ohio 44106**

Office Use Only:	Printed Name	Signature	Date	Purpose:
<b>Employee or Event Liaison Accepting GIK:</b>	_____	_____	_____	Auction
<b>Validated by (if applicable):</b> Manager, Community Partnerships, CMN, Radiothon; Manager, Fundraising Events	_____	_____	_____	Raffle
<b>Approved by:</b> Manager, Data and Reporting (under 50k); Director, Development Services (50-99,999k); VP, Operations (100k +)	_____	_____	_____	Other UH Use