



**Kettering Medical
Center Foundation**

*Kettering Medical Center Network**

NON-CASH CHARITABLE CONTRIBUTION

Name _____ Phone # _____

Corporation (if business donation) _____

Street Address _____

City _____ State _____ Zip Code _____

Detailed description and designation of non-cash contribution:

Country Designation, if appropriate _____

Special Event, if appropriate _____

Estimated Value \$ _____ Basis of Estimate _____

I have attached an appraisal provided by a qualified independent appraiser (over \$5,000).

Donor signature Date _____

KMCN Representative signature Date _____

Thank you for supporting the mission of the Kettering Medical Center Network. This form serves as an acknowledgement of your non-cash gift, **but is not suitable for Internal Revenue purposes.**

This form and accompanying documentation must be forwarded to Susan Faulkner, Kettering Medical Center Foundation, 3535 Southern Blvd., Dayton, OH 45429 for gift processing. If you have additional questions, please contact the Foundation office at 937-395-8607.



CLAIMING NON-CASH GIFTS ON YOUR TAX RETURN

Non-Cash Contributions worth \$500 or less

- Written receipt from the Kettering Medical Center Foundation.
- A reliable written record describing the donated property

Non-Cash Contributions worth \$500 or more

- Written receipt from the Kettering Medical Center Foundation.
- A reliable written record describing the donated property
- Donor must complete Part I of IRS Form 8283
- Maintain records indicating how property was acquired
- Property's cost if held less than 12 months prior to the date of contribution

What must be appraised?

- Property gifts (other than money or publicly traded securities) that have a claimed or reported value exceeding \$5,000.