

## IN-KIND DONATION FORM

Business/Donor Name(s) \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Event Name (if applicable) \_\_\_\_\_ Event Date (if applicable) \_\_\_\_\_

**Description of gift(s)** *(include quantities and condition, if applicable)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Estimated Fair Market Value** *(determined by donor)* \$ \_\_\_\_\_

**Please direct this gift:**

- |                                 |   |
|---------------------------------|---|
| __ Where the need is greatest   | __ Child & Youth Mental Health Initiative |
| __ Advocacy & Recovery Services | __ Heartland Housing Initiative           |
| __ Mental Health Promotion      | __ Other, please specify: _____           |

**Special Instructions** (e.g. item restrictions, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Optional: Please keep my  name and/or  gift amount confidential.

**Please complete this form and return it along with your contribution to:**

Mental Health America of the Heartland  
739 Minnesota Avenue  
Kansas City, Kansas 66101  
Fax | 913-281-3977

*Thank you for your gift to Mental Health America of the Heartland! Once our office receives this form, you will be sent an official acknowledgement letter for tax purposes. This form does not serve as a receipt for this contribution but is intended for record keeping purposes only.*

*MHAH is a 501(c)(3) nonprofit organization and 100% of your gift goes towards charitable purposes. Federal Tax ID 48-1185409.*

**MHAH OFFICE USE ONLY**

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

- Donation Recorded & Filed       Donor Entered into Database       Thank You/Acknowledgement Sent