



# In-Kind Donation Form

(any non-monetary gift)

Name(s) of donors: \_\_\_\_\_

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

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

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

Affiliation with Canvas Health: \_\_\_\_\_

Detailed description of Gift:

Fair Market Value (FMV) of item (if known): \$ \_\_\_\_\_

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

Donor Signature: \_\_\_\_\_

Program Given to: \_\_\_\_\_

Name of Canvas Health representative: \_\_\_\_\_

**Please forward to Natasha Carter in the Development Department at Oakdale.**

**Federal EIN: 41-0955577**