



CHILDREN'S HOSPITAL  
OF MICHIGAN  
FOUNDATION  
3901 Beaubien Street, Mailbox 257  
Detroit, MI 48201-2119  
Phone: 313-964-6994  
Fax: 313-993-0119  
[www.chmkidsfoundation.org](http://www.chmkidsfoundation.org)

(PDM Use Only)

Donor ID# \_\_\_\_\_

Motive \_\_\_\_\_

Fund \_\_\_\_\_

Receipt \_\_\_\_\_

Keyword \_\_\_\_\_

## Gift-In-Kind Donation Form

*Please Print Clearly*

DONOR NAME: \_\_\_\_\_

Check box  if donor is under 18 years old

Contact Person (if different than donor name) \_\_\_\_\_

Address:  Home  Business \_\_\_\_\_

City, State/Province, Zip code \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

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

**ONLY NEW ITEMS ARE ACCEPTED**

<i>Description and number of items donated</i>	<i>Value assigned by donor</i>
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total:</b>	<b>\$ _____</b>

**Thank you for your in-kind gift. Children's Hospital of Michigan Foundation reserves the right to use your donation in the best interest of the children it serves. Certified appraisals may be required for gifts of art.**

Received by \_\_\_\_\_ Date \_\_\_\_\_

Children's Hospital of Michigan Foundation is classified as a not-for-profit charity under section 501 (c)(3) of the Internal Revenue Code. Gifts to the Children's Hospital of Michigan Foundation are tax-deductible to the full extent provided by law. Please consult your tax advisor regarding the deductibility of your gift. **Gifts valued at \$5,000 or more may require an independent appraisal, in writing, secured at the donor's expense.**