



2016 Highland Hospital Gala

Silent and Live Auction Donation Form Event Non-Cash Gifts and Support*

**Thank you for your support! Please use this form to document gifts of assets, materials, or personal property to be used at fundraising events. This may include functional event items that are used or consumed at the event as well as items to be auctioned. Gifts-in-kind of equipment or supplies which are for the direct mission-related use of academic or medical departments at the University of Rochester should not use this form.*

(Please Print)

Business/Donor Name _____
(As you would like it to appear in the gala-related printed materials)

Preferred Address _____

City _____ **State** _____ **Zip Code** _____

E-Mail Address _____

Phone (day): _____ **(evening):** _____

Contact Person: _____

Tangible Items:

- ☐ Gift Certificate(s) With Cash Value (Such as Prepaid Store Cards or Debit Cards),
☐ Food and Beverages ☐ Art ☐ Coins ☐ Jewelry ☐ Bottles of Wine ☐ Other Tangible Item(s)

Intangible Items:

- ☐ Gift Certificate(s) from Business or Proprietor (Offer of Discounted Goods or Services)
☐ Other Services ☐ Entertainment ☐ Accommodations ☐ Airfare ☐ Use of Facilities ☐ Other Intangible Items

Description of Item(s):

The Donated item is: Exchangeable ☐ Non-Exchangeable ☐

The item(s) is (are):

To be used or consumed at the event ☐ To be auctioned off at the event ☐

Donor's estimated value* of item(s)

\$ _____



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**For information on how this donation will impact your income tax return, please consult your tax advisor. We will issue a formal tax receipt for any gift that meets IRS guidelines for tax deductibility. Your tax receipt will not display a dollar amount or value but only a description of the item(s) donated. It is the donor's responsibility to substantiate the value of non-cash gifts to the IRS. We can only issue tax receipts for tangible items such as food, art, books, coins, jewelry, and bottles of wine. We cannot issue tax receipts for intangible items such as services, labor, entertainment, accommodations, partial Interest, or use of facilities. The value cited above should not be "priceless" and values of \$5,000 or greater may require a third-party appraisal.*

Special instructions or comments:

Donor signature _____ Date _____

For all methods of shipping, please use this address:

**Highland Hospital Foundation
1000 South Avenue, Box 40
Rochester, NY 14620
Attn: Katie Baldwin**

Please retain a copy of this form for your records.

If you have questions or need additional information, please contact Katie Baldwin.
Office: (585) 341-8149
Email: katie.baldwin@rochester.edu

DONATION DEADLINE: FRIDAY, APRIL 8, 2016