



Gifts In-Kind

12557 Ravenwood Drive
Chardon, OH 44024
440.285.3568
ravenwoodhealth.org

DONOR INFORMATION

Individual / Company Name: _____

Contact Name / Title: _____

Address, City, State Zip: _____

Phone: (____) _____ E-mail: _____
(office / mobile / home)

DESCRIPTION OF ITEM(S)

Include item count, brand / model, rates, hours, service dates, etc.

DONATION PURPOSE

Special Event, program / service, client use, administration, marketing, etc.

ESTIMATED FAIR MARKET VALUE (FMV) \$ _____

To be provided by donor. Ravenwood Health cannot place a FMV on any non-financial donations. You are strongly encouraged to consult with your tax advisor, notably for gifts valued over \$500 (possibly an appraiser).

My signature below verifies that I donated the goods listed above to Ravenwood Health. In doing so, I hereby relinquish all claims to ownership of said goods.

SIGNATURE: _____ **DATE:** ____ / ____ / ____

Contact:

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Ravenwood Health is a 501(c)(3) nonprofit organization. No goods or services were received in exchange for this contribution. Your donation is tax-deductible to the fullest extent allowed by law. Please accept this acknowledgment as your gift receipt.

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