For any non-cash donation, we ask the donor to complete this form, even if the donor is not interested in a tax deduction.

Donor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Contact Person (if business or organization): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Identification Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Description of gift/donation (serial number, quantity, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor’s estimated value: $\_\_\_\_\_\_\_\_\_\_ (attach supporting documentation/if over $5,000 attach written appraisal)

Purpose of gift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Internal Revenue Service (IRS) requires the Mosaic Life Care Foundation to report the value of non-cash donations at reasonable market value. Please note: the “estimated dollar value” amount of the non-cash donation listed on this form will be used **for internal purposes only** and may not meet the IRS requirements for income tax deduction purposes. *The IRS does not permit the Foundation to include a dollar amount in gift acknowledgment letters for donations of non-cash items.*

* If the estimated value is less than $500 the donor is asked to supply “reasonable” documentation as to the fair market value of the donation.
* If the estimated value is greater than $500 the donor is asked to supply documentation as to the fair market value of the donation. Documentation suggestions are bill of sale, invoice, proof of purchase, online auctions (eBay), and software (It’s Deductible). Per IRS costs associated with conveying the gift such as appraisals, transportation, etc are not deductible and should not be included in the value. In addition, the donor must complete IRS Form 8283 which is to be filed with the donor’s tax return.
* If the estimated value is greater than $5,000 the IRS regulations require the donor to provide a written appraisal by a qualified appraiser in addition to the IRS Form 8283. Both the written appraisal and Form 8283 must be filed with the donor’s tax return. The written appraisal must be obtained by the donor before making the non-cash donation.

**This completed form should be submitted to the Mosaic Life Care Foundation. If you have any questions, please call 271-7152.**

**FOR OFFICE USE ONLY**

**q Mosaic Life Care at St. Joseph, Medical Center**

**q Mosaic Medical Center – Albany**

**q Mosaic Medical Center – Maryville**