



Gift of Tangible Personal Property/Gift-In-Kind Form

Gift made by: _____ Date of gift: _____

Donor Address: _____

City/State/Zip Code: _____

Daytime Phone: _____ Email Address: _____

Detailed description of gift(s): _____

I estimate the fair market value of this contribution to be: _____*

*** Note to donor(s):**

The University of Vermont Medical Center gratefully acknowledges your in-kind contribution. The following information pertaining to your in-kind contribution is being provided for your convenience and does not constitute legal advice on behalf of UVM Medical Center, the UVM Medical Center Foundation or their employees.

You are strongly encouraged to consult with your tax advisor and refer to the IRS publications referenced below:

- To claim a tax deduction for in-kind gifts valued between \$500 and \$5,000, the donor must complete Part 1 of IRS Form 8283.
- For gifts that exceed \$5,000, the donor must
 - Complete ALL parts of IRS Form 8283 and submit the complete form to the UVM Medical Center for a signature.
 - Submit a certified appraisal dated no more than 60 days from the date of the donation. The appraisal must be prepared, signed and dated by a qualified, third-party appraiser.

The value of any item, regardless of the amount, is used for internal gift reporting only – The University of Vermont Medical Center is unable to include the estimated value on a donor receipt or acknowledgement. It is the responsibility of the donor to substantiate the fair market value for his/her own tax purpose.

Donor Signature: _____ **Date:** _____

I, _____, received the above gift(s)-in-kind.

Receiving party: _____ **Date:** _____