



**Dancing for Stroke**  
**GIFT IN-KIND – THANK YOU FOR DONATING**

www.dancingforstrokeaz.org

Received: \_\_\_/\_\_\_/\_\_\_ by the Dignity Health Foundation – EV (Initials: \_\_\_)

**SUMMARY OF GIFT IN KIND (to be completed by donor or donor representative)**

Donor's name \_\_\_\_\_ Phone No. \_\_\_\_\_

Donor's address \_\_\_\_\_ Contact Person: \_\_\_\_\_

Property donated \_\_\_\_\_

(i.e. description, title, artist, etc.)

Condition of property \_\_\_\_\_

Age and dimensions of property \_\_\_\_\_

Estimated value \_\_\_\_\_

Estimated value is for insurance purposes. Dignity Health Foundation – East Valley is not permitted to value a gift for tax deduction purposes. If the value of the gift is over \$5,000, the donor must obtain an independent appraisal and provide a copy of the appraisal to the Foundation.

Restrictions on gift, if any: \_\_\_\_\_ None \_\_\_\_\_ If restrictions, please specify \_\_\_\_\_

Do you desire this to be an anonymous gift? \_\_\_\_\_ No \_\_\_\_\_ Yes

**If additional space is necessary, please attach additional sheets of paper to provide the necessary information.**

**CERTIFICATION OF REQUESTING PARTY (to be completed by donor or donor representative)**

I (we) desire to transfer above property as a gift to Dignity Health Foundation – East Valley for and on behalf of Chandler Regional Medical Center (CRMC) and/or Mercy Gilbert Medical Center (MGMC). I (we) do hereby irrevocably assign, transfer, and give all my (our) right, title, and interest in the above-described property to Chandler Regional Medical Center and/or Mercy Gilbert Medical Center.

To the best of my (our) knowledge item(s) is/are fit for intended use, in good operating condition and, if properly operated, will not cause danger or damage to Hospital property or personnel.

I (we) represent and warrant that I (we) have complete and clear title to the Gift in Kind and the authority to make the gift. I (we) am/are aware that acceptance and disposition of donations are governed by the policies of the Foundation Board of Directors without approval by me (us).

\_\_\_\_\_  
Signature of donor(s)

\_\_\_\_\_  
Date