

Appendix "B"

Gift in Kind/Conditional Gift Receipt Request

Donor has requested an official receipt for income tax purposes

Description of the second seco			
Donor Information			
Name:			
Address:			_
City:	Prov.:	Postal Co	ode:
Phone:			
Deveties Information			
Donation Information			
Date Received:		Condition:	
Description of Donation	n:		
Fair Market Value:		Insurance Required:	YES / NO
Appraiser:		Phone Number:	
Conditions (if any):			
Purpose of Donation:			
NOTE: A qualified employee may appraise gifts with a fair market value less than \$1,000. Gifts which exceed this limit;			
must be appraised by two qualified independent appraisers, in the case of an Art Donation the appraisers should be an			
ADAC member. The appraiser or other knowledgeable individuals shall not be associated with the donor. Attach all appraisal documentation to this form.			
 A request for a charitable tax receipt certifies that: the donor voluntarily transferred the ownership of the property as identified above; the donor has legal title of the property neither the donor, nor anyone designated by the donor, will benefited from the donation; 			
Daniela di ha		Data	
Donated by: (Print name)		Date: (Signature)	
(Fillit Hame) (Signature)			
The receiver verifies: • the authenticity of the donation, the appraisal(s), and the validity of the above information			
Received by:		Dat	۰.
	t name) ———— (Signature)	·
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For Finance Use Only			
Date Receipt Request Re	ceived:	Donation Accept	ed: YES / NO
Date Receipt Issued:	R	eceipt Number:	
Comments:			
Finance Signature:		Date:	