



GIFT IN-KIND DONATION FORM

LIFE CONTINUES. LIVE HEALTHY.

Thank you so much for making an in-kind gift of goods or services to UNIFIED – HIV Health and Beyond (UHHB). This form will help us properly record and acknowledge your generous gift. If you have any questions, please contact Lindsay Karas at 313-495-4723 or lkaras@miunified.org

DONOR INFORMATION

Donor is: Individual Company / Organization

Name (As you wish to be recognized): _____

Contact Person: _____

Address: _____ City/ST/Zip: _____

Phone: _____ FAX: _____ E-Mail: _____

GIFT INFORMATION

Description of Donated Item(s) or Service(s): _____

Estimated Fair Market Value: \$_____ (Determined by donor)

Gift Certificate (please attach) Value: \$_____ Expiration Date: _____

DONOR SIGNATURE

Donor Signature: _____ Date: _____

(The donor signature line must be signed to verify that the estimated fair market value was provided by the actual donor.)

RECEIVING INFORMATION (TO BE COMPLETED BY UHHB REPRESENTATIVE ACCEPTING DONATION)

Date Received: _____ UHHB Representative: _____

UNIFIED – HIV Health and Beyond is a 501(c)(3) non-profit organization. Your donation is tax-deductible as allowed by law.

Tax ID: 38-2464851

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3968 Mt. Elliott St. • Detroit, MI. 48207 • P: 313-446-9800 • F: 313-446-9839
211 West Ganson Street, Suite 110 • Jackson, MI. 49201 • P: 517-780-3262 • F: 517-780-0936
2287 Ellsworth Road, Suite B • Ypsilanti, MI. 48197 • P: 734-572-9355 • F: 734-340-3146

800-872-2437 • WWW.MIUNIFIED.ORG • @in@f YouTube