

GIFT-IN-KIND DONATION FORM

DONOR'S INFORMATION

Personal donation: ☐ Yes ☐ No Corporate donation: ☐ Yes ☐ No

Select your title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Family Name:

First Name:

Company:
(The tax receipt will be issued to the company specified)

Address:

City: Province: Postal code:

Email: Telephone:

DONATION INFORMATION

Do you require a tax receipt? ☐ Yes ☐ No

Detailed description of the item donated: (Make, Model Number, Serial Number, Etc.)

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Original cost: \$

Fair Market Value*: \$

*** In order to issue a charitable tax receipt, "Cedars" requires official documentation sales receipt or independant appraisal of the fair market value of the item donated.**

Attached the appraisal of Fair Market Value: ☐ Yes ☐ No

Gift in kind is donated for:

DONOR SIGNATURE

1. I confirm that my gift in kind mentioned above becomes "Cedars" property.
2. I confirm haing read all the pages of this document, "Read and approved".

Signature Date

Note: Page (Gift in kind information) is an integral part of this document.

Please fax this form to the attention of: Kiki Dranias or by email: kiki.dranias@cedarscancer.ca