

Revised 01/21/2022

In-Kind Donation Acknowledgment Form

PLEASE PRINT

FULL NAME OF DONOR(S):	Mr. Mrs.	Ms. Dr. Other:	
ADDRESS:			
CITY:		ZIP:	
EMAIL:	PHONE:	·	
Please check one: I give permission to list my name as a donor in online and/or p I do NOT give permission for my name to be listed as a donor i anonymous)			
NON-CASH (In-Kind) Donations			
This section must be completed and signed <u>by the donor</u> in order to accept any in-kind donations.			
Description of Items (include quantities):			
Estimated Fair Market Value (MUST be supplied by donor): \$. 00		
Donor Signature:	DATE:		

In-Kind Donation Acceptance Policy

In order to accept any in-kind donations, the donor must provide the following:

- 1. The donor's contact information (except for anonymous donations)
- 2. A detailed description of the item(s)
- 3. The estimated Fair Market Value (FMV) of the gift, as determined by the donor

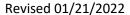
Harbor Care agencies <u>cannot</u> assign a value to any donated items; this is the responsibility of the donor. Items valued at \$500.00 or more must be itemized. Attach additional sheets of paper if necessary. *

Agency staff reserves the right to refuse donated items. Agencies use donated items in ways that will best meet the charitable purposes of our nonprofit corporations. Please note that donated items may be sold or otherwise liquidated. All proceeds shall continue to be used for charitable purposes.

NO USED GOODS OF ANY KIND WILL BE ACCEPTED. Some exceptions may be made for used furniture, but <u>only</u> with the <u>prior</u> <u>approval of the Development Director or other authorized personnel.</u>

The following items cannot be accepted for donation, regardless of whether they are new or used:

- Medical supplies and durable medical equipment (DME)
- Gifts that would cause Harbor Care to incur substantial expense or difficulty if accepted





To Be Completed by Harbor Care Staff			
(Note: If not on site, please scan and email completed forms with attachments to donations@harborcarenh.org)			
AMOUNT RECEIVED: \$ TYPE (Check, Credit Card, Cash, Online): CHECK#: (Attach Copy of Check)			
RECEIVED BY:	DATE:	SITE DONATION RECEIVED AT:	
NOTES:			
Photo, Audio Recording, and Video Recording Release I,			
the audio, photographs and/or vio trade, in any manner or in any me and liability relating to said audio,	deo images taken of me f dium. I hereby release h photographs or video. F	for the purpose of publication, promotion, illustration, advertising, or Harbor Care, its member entities, agents and employees for all claims furthermore, I grant permission to use my statements given during an dvertising and publicity without restriction. I waive my rights to any	
•		be informed in advance of the specific use of my image.	
compensation and u	nderstand that I may not	, , ,	

For detailed information from the IRS on determining the value of donated property, please download the following IRS publication:

https://www.irs.gov/pub/irs-pdf/p561.pdf

*IRS Federal Income Tax Regulations require donors claiming deductions for charitable contributions consisting of property other than cash worth more than \$500.00 to file Internal Revenue Service Form 8283, Non-cash Charitable Contributions

The nonprofit organizations that form Harbor Care are 501(c)3 public charities with the following Federal Tax ID numbers: Harbor Homes, Inc. # 02-0351932; Healthy at Home, Inc. # 04-3364080; and Greater Nashua Council on Alcoholism, Inc. (Keystone Hall) # 22-2558859. Your gift to Harbor Care is tax deductible to the extent provided for by current IRS tax laws. No goods or services will be provided in return for contributions.

Harbor Care
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