



In-Kind Donation Form

Thank you for your generosity toward our patients here at The University of Mississippi Medical Center. In order to keep appropriate records about the donations our community presents to this organization, we ask that you complete the short form below.

Name: _____

Total Estimated Value: \$ _____

Description of Items Donated	Quantity

**continue on back if more space is needed*

Phone: _____

Email: _____

Mailing Address: _____

City, State, Zip: _____

Would you like your tax receipt sent via email or a paper copy? _____

Donor Signature: _____

Date: _____

Receiving Department Signature: _____

Office of Development Signature: _____

Again, thank you for your kindness.

If you do not designate your gift for a specific patient population, it will be used for the patient population most in need. If you have any questions, please do not hesitate to call the Office of Development at (601) 213-8054.

The University of Mississippi Foundation is a qualified tax-exempt organization under Section 501(c)(3) of the Internal Revenue Service Code and, therefore, your contributions are tax-deductible, TAX ID# 23-7310293. Please consult your tax advisor to determine proper charitable deduction.

