



Gift-in-Kind Acceptance Form

Ronald McDonald House Charities
of the Central Valley
9161 Randall Way
Madera, CA 93636
559-447-6770
info@rmhccv.org

DONOR INFORMATION (To be completed by donor)

Donor Name (Individual or Organization): _____

Contact Name (of Organization): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

GIFT INFORMATION (To be completed by donor)

Date Received Gift: ____ / ____ / ____

Quantity	Description	Donor's Estimate of Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Would you like a Thank You letter sent? YES or NO **TOTAL: \$**

Is this a meal program donation?: YES or NO *If YES, please answer the following.*

Meal Served (circle one): Breakfast Lunch Dinner Number of Volunteers: _____

Start Time: _____ AM / PM End Time: _____ AM / PM

Check one of the following:

_____ No goods or services were provided in consideration for this donation.

_____ Goods/services provided in consideration for this donation valued at \$_____

Gifts to the **Ronald McDonald House Charities of the Central Valley, Inc.** are tax-deductible. Our **Federal Tax ID number is 94-2864490**. In accordance with IRS regulations, it is the responsibility of the donor to establish the fair market value of gifts-in-kind. Gifts valued at more than \$500 may require an IRS Form 8283 be filed by the donor. Gifts over \$5,000 require a qualified appraisal and IRS Form 8283 be filed by the donor. For details visit, www.irs.gov/uac/about-form-8283. **We thank you for your support and generous donation!**

Donor (Print Name): _____

Donor Authorizing Signature: _____ Date: ____ / ____ / ____

RMHCCV (Print Name): _____

RMHCCV Acceptance Signature: _____ Date: ____ / ____ / ____