



A TOAST TO CHILDREN'S HEALTH

A benefit for children's health research, education, and care at the University of Minnesota
Friday - Saturday, May 6 - 7 2011
The Depot Minneapolis
www.thewinefest.org
Volunteer Solicitor Name: _____

Gift-in-Kind Donor Form

Deadline: April 8, 2011 (Anything received after April 8, 2011 will be held for future benefits)
Minimum Value: \$50.00
To reach us: Minnesota Medical Foundation, phone 612-624-8474 or fax 612-625-5673

DONOR INFORMATION

Donor is: [] Individual [] Organization/Company

Donor Name (as it should appear on receipt and in print) _____

Contact Name (for Organization/Company) _____

Address _____

City/State/Zip _____

Phone _____ 9 Home 9 Bus. E-mail address _____

Fax _____

ITEM INFORMATION

*RECEIPT WILL NOT BE ISSUED WITHOUT COMPLETE INFORMATION

Item Name _____ *REQUIRED: Estimated fair market value \$ _____

(Determined by donor)

Item Description (Please specify color, size, material, time available, or other requirements)

* Donor Signature _____ Date _____

* The Donor Signature line must be completed to verify that the "estimated fair market value" amount was completed by the actual donor.

Minnesota Medical Foundation Tax I.D. # 41-6027707. The Minnesota Medical Foundation (MMF) is a 501(c)(3) nonprofit organization. Per IRS regulations, any item you value over \$500 requires IRS Form 8283; any item you value over \$5,000 requires Form 8283 and a written appraisal. Contributions of services and partial interest (e.g., use of beach condo) are not deductible as charitable contributions. Should you have any questions on the above, please refer to www.irs.gov publications 526 and 561, and consult your tax adviser.

Check appropriate selections:

- [] Tangible Item or [] Certificate (If this donation is a gift certificate, please date May 2010 and attach to form) (check one)
[] Does the Minnesota Medical Foundation need to prepare a certificate for redemption? Yes q No q (check one)
[] Donor will provide display materials for intangible items to accompany donation (i.e. brochures, photos, picture boards, posters) - Please specify: _____
[] Item (s) needs to be picked up. Location: _____ by (date) _____

Package Delivery and Mailing address:

Minnesota Medical Foundation
200 Oak St SE, Ste 300
Minneapolis, MN 55455

For office use only:

Table with 7 columns: Volunteer / Staff, Received?, Lot#, Package, MMF Fund, MMF Appeal, RE Constituent #. Row 1: F-05897

Please fax or return this form (with your donation) to Minnesota Medical Foundation. A separate receipt for your gift will be issued by the Minnesota Medical Foundation and mailed to the address listed on this form.

Winefest^{No.} 16

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Donor Form Instructions

Minnesota Medical Foundation
200 Oak Street SE, Suite 300
Minneapolis, MN 55455-3030
612-624 -8474, Fax 612-625-5673

- Please!** 1. A donation form must be completed for every gift, tangible or intangible. Please print or type the information as legibly as possible. The forms are used to provide information for accurate depiction of the item and to prepare receipts for tax purposes.
- Donor's Name** 2. Fill in the donor's name, address and phone number. The donor is the person and/or company actually donating the item. The space for contact name is the person filling out the form.
- Address** 3. To ensure proper acknowledgement and an accurate receipt, it is very important that the phone address, zip code, and phone number are completed and accurate.
- Donor Signature** 4. The Donor Signature line must be completed to verify that the "estimated fair market value" amount was completed by the actual donor.
- Detailed Description** 5. Describe the item or service fully. Please be as descriptive as possible. The logistics, acknowledgments, and display people will work from your description. If there are limitations, restrictions or special features that apply to the gift, note them here as well as on the gift certificate.
- Estimated Fair Market Value** 6. The "estimated fair market value" is the value of the item according to the donor. This figure may or may not be used in the auction catalog.
- Tax Info** 7. If your item is valued over \$500, the Minnesota Medical Foundation will send you IRS Form 8283 confirming receipt of the in-kind donation. If the item is over \$5,000, you need to provide an appraisal if you wish to receive a signed IRS 8283 from MMF; additionally, you must provide your social security number. These requirements are for **your** tax records. Please note a *service* or *partial interest* by the donor is not tax deductible. Examples include: a massage, a consultation, an interior designer painting a living room, frequent flyer miles, use of a beach condo, and advertising space. Should you have any questions on the above, please refer to www.irs.gov publications 526 and 561, and consult your tax advisor.
- Check Selections** 8. Check appropriate selections. Is the donation a gift certificate? Will you be providing display materials? Should the item be displayed at the auction?
- Delivery Address** 9. Will your item be mailed or shipped?
- ASAP!** 10. Return the donation form with the item directly to the Minnesota Medical Foundation.