



### Request for Gift-In-Kind Acknowledgement

To properly acknowledge or receipt a gift-in-kind the dollar value is needed and **must be determined by each individual/corporation making the gift.**

Sparrow Eaton Hospital gratefully acknowledges the gift described below:

Item(s) Donated: \_\_\_\_\_

Fair Market Value (FMV): \$ \_\_\_\_\_ Donor's claimed value (if different than FMV): \_\_\_\_\_  
(Required for receipting purposes.)

Donor Name(s): \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Donor Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Foundation Use Only:

Area/Department(s) Receiving Gift: Challenge Response Fund

Received by: \_\_\_\_\_ Phone: \_\_\_\_\_

***Above signature by authorized Sparrow Foundation Staff member is required and represents acknowledgement the items have been received.***

Item(s) value:  Value \$1,000+  Value \$999 and less

*Foundation representative will check one of the options above.*

**NOTICE: Donors are urged to consult their personal tax advisor. Sparrow Foundation acknowledges that it did not provide any goods or services in exchange for this gift. Please retain a copy of this completed form for your records. Thank you!**

Please send completed form to:

Sparrow Eaton Hospital  
Community Development Dept.  
321 E. Harris St.  
Charlotte, MI 48813  
[Dana.Pray@Sparrow.org](mailto:Dana.Pray@Sparrow.org)  
517-541-5880