



Your health deserves a partner.

Office of Philanthropy
Phone: 484-884-6385

IN-KIND CONTRIBUTION FORM

On or about _____, I made a gift of _____
(date)

(identify item or service- please be as specific as possible)

to Lehigh Valley Health Network for the: _____
(department or area)

Name and Phone of employee accepting donation:

This item(s) is/are _____New _____Years Old

I declare the value of the above identified item at \$_____ and understand that it is my responsibility to produce sufficient information to substantiate this value for tax purposes. This value may not be the same as the amount that I can claim as a charitable tax deduction.

Name of Donor _____

Street _____

City, State, Zip _____

Phone _____ Email _____

(signature) (date)

** For gifts valued over \$250, the IRS requires that Lehigh Valley Health Network inform you that your gift is tax deductible to the extent provided by law (A copy of IRS Form 8283 is available from the Office of Philanthropy). No goods or services have been provided to the donor by the Network in consideration of this gift. Lehigh Valley Health Network protects your personal information and adheres to all legislative requirements with respect to protecting your privacy. We do not sell, trade, or otherwise share our mailing lists.*

Please return this form to the address below, so that we can record and acknowledge your gift. Gifts-in-kind will be recognized in our annual philanthropy report. Please initial here if you wish this gift to be anonymous _____.

Office of Philanthropy
Lehigh Valley Health Network
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