



### GIFT IN KIND CONTRIBUTION

The following information is necessary so that New Hanover Regional Medical Center Foundation can mail the appropriate tax receipt to you.

PLEASE PRINT

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person at Business: \_\_\_\_\_

Brief Description of Item: \_\_\_\_\_  
\_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Donor Signature \_\_\_\_\_

**Contributed to:**

- Coastal Classic Celebrity Golf Tournament
- Founder's Gala
- Holiday Reception
- New Hanover Regional Medical Center
- Cape Fear Hospital
- Employee Campaign
- Pink Ribbon
- Celebrate the Gold
- Red Dress
- Other BETSY LEWIS TENNIS CHALLENGE

Item Obtained/Given By: \_\_\_\_\_ Date: \_\_\_\_\_

Restrictions? \_\_\_\_\_

For: (i.e. auction, decorations, food) \_\_\_\_\_

For: (NHRMC Department) HEALING ARTS

Please attach any additional information (i.e., brochure, gift certificate, appraisal, etc.) and return this form to NHRMC Foundation, 2259 South 17<sup>th</sup> Street, Wilmington, NC 28401. Thank you for your support.

**Donor received no quid pro quo benefits. FIN: 56-1752396**

2259 South 17th Street / Wilmington, N.C. 28401  
910-815-5002 / Fax 910-815-5004  
www.nhfnfoundation.org

