



GIFT-IN-KIND DONATION FORM

Date: _____

Donor Name	
Address	
City / State / Zip code	
Contact Person	
Name	
Phone number	
Email	

Donor Signature: _____

Donated Items (Sealed, unopened containers)	Description/Type (if available)	Quantity	Value
<input type="checkbox"/> Disposable latex free medical exam gloves			
<input type="checkbox"/> PPE Masks, ear loop or tie, surgical or medical			
<input type="checkbox"/> PPE Masks - N95 respirators			
<input type="checkbox"/> Commercial disinfecting wipes - germicidal with bleach			
<input type="checkbox"/> Commercial disinfecting wipes > 70% alcohol			
<input type="checkbox"/> Commercial Hand sanitizer			
<input type="checkbox"/> Commercial Hand Soap			

Other items:

<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

- No goods or services were provided to the donor by The Pennsylvania State University.
- Gifts valued at \$5,000 or more will require additional documentation. Please contact Kelly Altland, Associate Vice President for Development & Chief Development Officer, for assistance: Office: 717-531-8456 Email: kaltland@pennstatehealth.psu.edu
- Per IRS regulations, gifts of time or service may be donated but are not considered a tax-deductible contribution.
- It is the donor's responsibility to value this gift. By providing this document, Penn State is not substantiating the value of the donor's gift for charitable tax deduction purposes. The donor is advised to seek legal or tax advice.

Comments:

Received by: _____

Penn State Health Representative Signature

Lot number assigned:

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