



## AUCTION DONATION FORM

The Northeast Kidney Foundation, Federal I.D. #14-1559082, and tax exempt works to prevent kidney and urinary tract diseases, improve the health and well-being of individuals and families affected by these diseases, and increase the availability of all organs for transplantation.

As part of our yearly fundraising efforts, the Northeast Kidney Foundation recognizes, and reports, "In-Kind" donations as "donated gifts of various non-monetary items or services [which] are recorded at fair value on the date of receipt".

As a vendor, or individual, who is making an in-kind donation, we ask you to complete this form and provide a description of your in-kind donation. This form will fulfill our audit requirements and will also help to validate your contribution for your own tax planning purposes. On behalf of the 1.5 million people that we serve throughout Northeast New York, we thank you for your support.

<b>2018 Catwalk for Kidneys</b>	<b>Donation Form Deadline</b>
<b>Event Date: October 28, 2018</b>	<b>October 14, 2018</b>

VENDOR/ DONOR NAME: \_\_\_\_\_

VENDOR/ DONOR CONTACT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EVENT NAME: \_\_\_\_\_

PRODUCT/SERVICE \_\_\_\_\_

RETAIL VALUE: \$ \_\_\_\_\_

COST TO NKF: \$ \_\_\_\_\_ IN-KIND DONATION VALUE: \$ \_\_\_\_\_

VENDOR/DONOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please make sure you have completed all portions, make a copy for your tax records, and return to the Northeast Kidney Foundation, 22 Colvin Ave \* Albany, NY 12206; fax 518-458-9690. On behalf of the Foundation, we thank you for helping us to maximize the revenues we raise to support our multifaceted programs and services. Rev: 2013  
Please don't hesitate to contact Carol LaFleur, NeKF Executive Director at 518-533-7880 or carol@healthykidneys.org.