



IN-KIND DONATION FORM

The Northeast Kidney Foundation, Inc., Federal I.D. #14-1559082, works to improve the lives of those affected by kidney disease and related conditions, increase organ donation, and empower those we serve to be effective advocates for better healthcare at the local, state and federal levels. Our work impacts the lives of the 1.5 million in New York at risk, 100,000 of whom in the capital region are living with kidney disease.

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>2019 NeKF Gift of Life Gala Celebration</b>	<b>Donation form deadline</b>
May 9, 2019	April 25, 2019

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 Avenue, 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: 2012