

# MARY WADE



*A five star senior community with a tradition of quality healthcare*

## Gift in Kind Contribution Form

Date: \_\_\_\_\_

Contact Person (print) \_\_\_\_\_  
TITLE LAST FIRST MIDDLE

Company Name \_\_\_\_\_

Preferred Address \_\_\_\_\_

Day Time Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_

**Gift Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated fair market value (by donor):** \$ \_\_\_\_\_ (if available, please provide receipt)

**Special instructions (e.g., item delivery or pick up, restrictions, etc.):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form to:**  
**Development Office**  
**Mary Wade**  
**118 Clinton Avenue**  
**New Haven, CT 06513**  
**Phone: 203-672-7812 | Fax: 203-848-1415**

*This form does not serve as a receipt for this contribution, but is intended for our internal record keeping purposes only. A receipt describing the items or merchandise donated will be mailed to the address supplied above. Mary Wade is unable to include the estimated value on the donor receipt. It is the responsibility of the donor to substantiate the fair market value for his/her own tax purpose. The donation of services, although very valuable and much appreciated, is generally not considered tax deductible by the IRS. Please consult with your tax advisor to determine the tax implications of your gift.*