



To mail your Gift in Kind, please send it to:
Northridge Hospital Foundation
Attn: Brian Hammel
18300 Roscoe Blvd.
Northridge, CA 91328

NONCASH (IN-KIND) DONATION FORM

Name: _____ Company Name / Title (if applicable) _____

Address: _____

City, State, Zip: _____ Telephone: _____

Email Address: _____

I hereby state that I am the owner, or legal representative for the owner, of the item(s) listed below and that I intend to make an irrevocable gift to Dignity Health Northridge Hospital Foundation to use as indicated below or at Dignity Health Northridge Hospital Foundation's discretion in accordance with its policies and procedures.

▪ **Description of item(s):**

▪ **Item(s) are being donated for:** (Area of Greatest Need, COVID-19 Response, Pediatrics, etc.)

▪ **Donor's estimated fair market value: \$ _____ Check Here to Make Gift Anonymous _____**

According to the IRS rules and regulations, it is the donor's responsibility to determine the present fair market value (FMV) of items donated. Your estimates above will help us recognize your gift appropriately. IRS rules and regulations require that if you claim a deduction for noncash charitable contributions which total over \$500, you must attach IRS Form 8283 (Noncash Charitable Contributions) to your tax return.

If you donate over \$5,000 of property or similar items of property to one or more charitable organizations, you must obtain a qualified written appraisal of the donated property from a qualified appraiser if you intend to claim a deduction. Please note that Dignity Health Northridge Hospital Foundation must complete and sign Part IV of Section B of Form 8283 if the amount claimed exceeds \$5,000.

If within 3 years after the date of receipt of a contribution of property for which Dignity Health Northridge Hospital Foundation was required to sign Form 8283 on your behalf (i.e., donated property over \$5,000), the property is sold, exchanged, or otherwise disposed, Dignity Health Northridge Hospital Foundation must file an information return with the IRS on Form 8282 (Donee Information Return) and send you a copy of the form.

Any donated Personal Protection Equipment (PPE) and/or other donated medical equipment is "As is"/"Where is" except as expressly provided herein. Donor disclaims any warranties of merchantability and fitness for a particular purpose that may be associated with donated PPE and/or other medical equipment except otherwise stated herein. In no event will donor or Dignity Health Northridge Hospital Foundation be liable for any consequential, indirect, incidental, special, exemplary, punitive, or enhanced damages, lost profits, revenues, or diminution in value, arising out of, relating to, or in connection with the PPE and/or other medical equipment, regardless of whether such damages were foreseeable or whether or not the party against whom liability is sought was advised of the possibility of such damages.

For questions please contact Brian Hammel at 818-885-5341 ext. 1.

Signature

Date