



**Yale-New Haven Hospital**  
Development Office  
*Holiday Gift In Kind Form*



**Description of Item/Services Donated**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Fair Market Value:**

*Note: This form does not serve as a gift receipt for this contribution, and is intended for internal office use only.*

*This donation is:*       *an individual contribution*       *a corporate contribution*

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

I acknowledge this donation has been made to and accepted by Yale-New Haven Hospital. The information stated above is accurate and the estimated Fair Market Value is in accordance with IRS regulations. All documentation regarding this gift is attached.

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:**      Attn: Jamy Stenger  
Yale-New Haven Hospital  
Office of Development  
P.O. Box 1849  
New Haven, CT 06508  
Tel: (203) 688-9644  
Fax: (203) 688-8338