IN-KIND DONATION FORM

Thank you so much for your in-kind donation. It means a great deal to all of us at the Mental Health Association of Central Florida (MHACF).

MENTAL HEALTH ASSOCIATION OF CENTRAL FLORIDA®
It's Okay to Get Help!

DONOR INFORMATION:

Name: _____
Company: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

Contact Information (if different from above):
Name: _____
Phone: _____
Email: _____

DONATION INFORMATION/ITEM(S) (Please include all details (quantity, size, color, etc.):

_____
_____
_____

Special Restrictions/Conditions (restrictions, expiration date, location, etc.), if applicable :

_____
_____

Donor's Estimated Value/ Fair Market Value of your contribution: $ _____
Designated Event, Location, or Service (e.g., Volunteer Event, Clinic, etc.): _____

DELIVERY (must be filled in):

- ☐ Request picked up by MHACF Staff or Volunteer _____ (name)
- ☐ Donation Delivered by Donor
- ☐ Other _____

SIGNATURE OF DONOR: _____ **DATE:** _____

Staff/Volunteer Contact (if applicable) _____

TO BE COMPLETED BY DEVELOPMENT:

For taxation purposes, this serves as a receipt for a non-cash contribution.
_____ No goods for services were provided in consideration of this gift.
_____ The amount deductible as a charitable contribution for federal income tax purposes is limited to the excess of the value of the contribution over the fair market value of goods and services provided by MHACF in consideration of this gift. The fair market value of the goods and service provided was $_____.

COMPLETED FORMS OR QUESTIONS DIRECT TO:

Mental Health Association of Central Florida, Attn: Marissa Magoon, 605 E Robinson St #450, Orlando, FL 32801.
Phone: 407-898-0110 ext. 110, Email: MMagoon@mhacf.org

The Mental Health Association of Central Florida, Inc. is registered with the State of Florida to solicit contributions #CH1245. A COPY OF THE MENTAL HEALTH ASSOCIATION OF CENTRAL FLORIDA, INC. OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.