



NDSACS Foundation IN-KIND Form

Date:	
Receiving Department:	
Contact Person:	Position/Title:
Phone:	Email:
Has ownership/title been transferred to NDSACS? ___ Yes ___ No	

Signature: _____

Receiving Date:	
Donated by: (Company or Individual)	
Contact Person:	Position/Title:
Address:	
Phone:	Email:
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Condition:	
Fair Market Value:	If Leased, Lease Value:
Justification of Value (attach documentation): *FMV's of over \$5,000 require IRS Form 8283 for tax return purposes.	

I acknowledge the above information is accurate.

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(Donor)

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_____ Please keep this gift confidential. **For publicity purposes, newspaper(s) requested:**
Please Sign: _____

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