



Gift-in-Kind Tax Receipt Form

▶ Please complete and sign both pages to process your tax receipt.

SECTION 1 — Donor Details

Donor Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

Email: _____

Donation Date: _____

Description of donated item(s)*: _____

☐ I do not wish to receive a charitable tax receipt for my donation

☐ I wish to receive a charitable tax receipt for my donation (Please complete the section below)

Fair market value (minimum \$10) \$_____ Taxes are excluded.

Please check off how fair market value has been validated (please provide documentation):

☐ Written appraisal (name and address of appraiser required)

☐ Sales receipt

☐ Posted on gift (i.e., event tickets)

☐ Advertised price of same or comparable item in catalogue/newspaper/flyer

SECTION 2 — To be completed by donor

To receive a receipt, please check off box that reflects the donated item.

- ☐ It was acquired this year
- ☐ It was acquired in the last three years
- ☐ It was acquired in the last ten years with the intent to donate to charity
- ☐ It was received in the last ten years from a family member or other non-arm's length person

What was the original cost of this item?

\$

In each of the cases above, the tax receipt amount will be the lower of the donor's cost and the fair market value.

Donor Declaration

My signature below confirms that the information I have provided on this form is true and accurate. I hereby authorize Maison McCulloch Hospice (MMH) and/or the Sudbury Hospice Foundation (SHF) to use this information in determining the value of the tax receipt I receive and to share this information with CRA.

Donor Name: (please print): _____

Donor Signature: _____

Address: _____

Street

City

Province

Postal Code

Please forward all Gift-in-Kind requests to:

Executive Director, Sudbury Hospice Foundation,
1028 South Bay Road, Sudbury, ON P3E 6J7
705-674-9252

To be completed by Maison McCulloch Hospice and/or Sudbury Hospice Foundation

MMH and/or SHF approves the income tax receipt amount of:

\$

1. All necessary steps have been taken to ensure **the value is accurate.**
2. The donated item **was used in raising funds for MMH.**

Signature: _____

Title: _____

Date: _____