



Supporting Mercy initiatives vital to those in need.

Gift-In-Kind Contribution

For (check one)

- Mercy Hospice, Bishop Drumm, Mercy College, House of Mercy, Other

Please print

Last Name: First Name:

Organization/Company:

Address:

City: State: Zip:

Work Phone: Home Phone:

Email:

For your convenience, you may list the estimated value of your gift(s) in the space below for your records. We do not assign a specific value to your gift – that is your privilege as a donor.

Item(s) Donated:

Multiple horizontal lines for listing donated items.

Total Estimated Fair Market Value (as determined by donor): \$

Received By: DATE:

Staff/Volunteer Signature

DONOR:

Please keep the yellow copy of this form as a record of your gift. This signed form confirms that no goods or services were provided in exchange for this charitable contribution. Thank you for your support!

Mercy Foundation 411 Laurel Street Des Moines, IA 50314 Phone 515-247-3248 Fax 515-643-8026

White Copy: Mercy Foundation Yellow Copy: Donor