



Request Form: Gift-in-Kind Tax Receipt

Agency/Ministry/OPP: Click or tap here to enter text.

Campaign Chair/Treasurer (name): Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Donation Date: Click or tap to enter a date.

Donor Name: Click or tap here to enter text.

Donor Address: Click or tap here to enter text.

Description of Donated Item: Click or tap here to enter text.

Fair Market Value (minimum \$25): Click or tap here to enter text.

Method of validating Fair Market Value (documentation must be attached):
Choose an item.

Please provide any additional details here: Click or tap here to enter text.

By submitting this form via my work email, I confirm the accuracy of information contained here and request tax receipts be issued from Federated Health Charities.

X

Federated Health Charities Campaign Chair