



Packard Health  
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EIN: 38-2269817  
501(c)(3) Organization  
**Questions?** [deborah\\_kern@packardhealth.org](mailto:deborah_kern@packardhealth.org)

## In-Kind Contributions Form

Date: \_\_\_\_\_

### Donor Information

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you donated to Packard Health previously?  Yes  No

Have you spoken to anyone at Packard Health about this donation?  Yes  No

If yes, please provide the name and details of where this gift will be used:

\_\_\_\_\_  
\_\_\_\_\_

Description of Gift(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Value of In-Kind Gift \$ \_\_\_\_\_

How was the value determined?  By Donor  IRS Appraiser  Internet Research

Signature of Donor: \_\_\_\_\_

Signature of Packard Health Rep: \_\_\_\_\_