Attach Receipt Here

UNC
THE MEDICAL FOUNDATION
OF NORTH CAROLINA, INC.

Gift-In-Kind Itemized Statement

DONOR INFORMATION

Name: _____

GIFT-IN-KIND

Item	**Quantity**	**Cost**	**Total Cost**
_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____
		TOTAL COST	$_____

Donor Signature: _____ **Date:** _____

The Donor Signature line must be signed to verify that the "estimated fair market value" amount was provided by the actual donor.