



Norwalk Community Health Center

In-Kind Contribution Form

Date: _____

Program or Event Date: _____

Program/Event/Wish List Need _____

Donor Information: Please print clearly and sign where indicated.

Company name: _____

Contact person: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Daytime Phone: _____ Fax No.: _____

Name of Organization or Person(s) as you want it listed in our next Annual Report and other material

Item or Service Description: _____

Fair market value (established by donor): \$ _____

Special instructions (e.g. item delivery or pick up, restrictions such as – time limits, dates restricted, etc.):

Please return this form to: NCHC Attn: Development & Communications,

e-mail: info@nchc.org • Fax: 203-899-1769 • Phone 203-899-1770 x1208

Norwalk Community Health Center, 120 Connecticut Avenue, Norwalk, CT 06854

Thank you for supporting access to quality health and wellness care for all residents, regardless of ability to pay.

*Please Note: This form does not serve as a receipt for this contribution and is intended for **internal record keeping purposes only**. A receipt will be sent to the address listed above describing the items or service donated. Norwalk Community Health Center is not able to include the estimated value on the donor receipt. It is the responsibility of the donor to substantiate the fair market value for his/her own tax purposes. The donation of services, although very valuable and much appreciated, is generally not considered tax deductible by the IRS. Please consult your tax advisor to determine the tax implications of your gift. Tax ID: 06-1436620*