

1600 North Rose Avenue Oxnard, CA 93030 direct 805.988.2868 fax 805.981.4450 supportstjohns.org

## **NONCASH DONATION FORM**

Name:	Company Name / Title (if applicable)	
Address:		
City, State, Zip:		
Phone:	Email:	
intend to make an irrevoc	e owner, or legal representative for the owner, of the item(s) listed be able gift to St. John's Healthcare Foundation (Foundation) to use as in on in accordance with its policies and procedures.	
Description of item	<u>(s):</u>	
• Item(s) are being d	onated for: (Gala Auction Item, Area of Greatest Need, Specific Departm	ent, etc.)
☐ An event:	☐ Adventure Gala ☐ Golf Tournament	
☐ Other purpose – list	below: (Area of Greatest Need, Specific Department, etc.)	
<ul> <li>Donor's estimated</li> </ul>	fair market value: \$	
=	e that if you claim a deduction for noncash charitable contributions which total ove Charitable Contributions) to your tax return.	r \$500, you must
written appraisal of the donate	operty or similar items of property to one or more charitable organizations, you must on the defense of property from a qualified appraiser if you intend to claim a deduction. Please note of Section B of Form 8283 if the amount claimed exceeds \$5,000.	
behalf (i.e., donated property	of receipt of a contribution of property for which Foundation was required to sign Footover \$5,000), the property is sold, exchanged, or otherwise disposed, Foundat on Form 8282 (Donee Information Return) and send you a copy of the form.	•
 Signature		

## Please return completed forms via mail, fax or email to:

St. John's Healthcare Foundation · 1600 North Rose Avenue, Oxnard, CA 93030 Phone 805-988-2868 · Fax 805-981-4450 · Email Jill.Lester@DignityHealth.org

## Thank You!

A letter of acknowledgement will be sent to you at the address provided above. St. John's Healthcare Foundation is a California non-profit public benefit corporation. Tax ID # 20-2865781.