

DONOR INFORMATION: *(bold items are required)*

Donor/Gift type: Individual Joint with Spouse Corporation or Entity

Donor Name: _____
If joint gift, please provide both names. If corporation or entity gift, list name of company.

Primary Contact: _____
For corporation or entity gift only. Who should receive acknowledgement and be invited to recognition events?

Preferred E-mail Address: _____ Business Home

Preferred Phone Number: _____ Ext. _____ Business Home

Preferred Address: _____ Business Home

City _____ State _____ Zip Code _____

GIFT INFORMATION:

Date received at HSCF ____ / ____ / ____ Valued at \$ _____

(Note: if the value of the gift is \$5,000 or more, the IRS requires an appraisal by an independent appraiser in order for the value of the gift to be eligible as a deduction. The donor should consult with their tax consultant. If an appraisal is obtained by the donor, the check here . Otherwise, the donor's gift will only be credited by the Society.)

Description of Gift In-Kind:

HSCF Contact receiving gift: _____

Donor Name *(print name)* _____ Title/Relationship *(if contact person)* _____

Donor Signature _____ Date _____

FINAL ACCEPTANCE OF IN-KIND GIFT:

Executive Director, HSCF Date

For goods, the items is eligible for tax deduction and donor recognition.
For services, only donor recognition is provided.

PLEASE FORWARD COMPLETED FORM TO:

Historical Society of Central Florida, Inc. • 65 East Central Blvd. • Orlando, FL 32801