



## DONOR INFORMATION

Donor Name/Organization:

Contact Name:

Address:

City, State, Zip:

Phone:

Email Address:

*Please print donor name legibly and exactly as it should appear in all publications.*

## IN-KIND DONATION

ITEM

DESCRIPTION

FAIR MARKET VALUE

Item 1:

Item 2:

Item 3:

*Thank you for this tax-deductible contribution (Tax I.D. #82-1850261). Please keep a copy for your records.*

*Donor Signature*

*Date*

*By signing this document, I confirm the values of the donation(s) stated above reflect(s) Fair Market Value to the best of my knowledge.*

Please sign form and return to:

**Healthy Alaska Natives Foundation**

4000 Ambassador Drive

Anchorage, AK 99508

Tel: (907) 729-5652 • Fax: (907) 729-1901 • [info@inspiringgoodhealth.org](mailto:info@inspiringgoodhealth.org)