



# United Way Durham Region Gift-In-Kind Tax Receipt Form

Please complete and sign to request a tax receipt for your Gift-In-Kind.

(Please note that services and taxes are not eligible for receipt).

## Section 1. Donor Details:

Is this a donation from an individual or an organization? Organization:  Individual:

Organization Name (If applicable): \_\_\_\_\_

Donor: First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If you are the contact person for the organization or on behalf of the donor:

Contact first and last name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_.

## Section 2. Details of Gift-In-Kind Donation:

Description of donated item: (1 item per form): \_\_\_\_\_

Fair market value (tax receipt amount requested): \$\_\_\_\_\_ (Taxes are excluded).

**Please check off how fair market value has been validated (please provide documentation):**

- Written Appraisal (name and address of appraiser required)
- Sales Receipt/Invoice
- Posted on Gift (i.e., event tickets)
- Advertised price of same or comparable item in catalogue/newspaper/flyer
- Current bid on same or similar item on eBay
- UWDR Staff appraisal (if item is valued at less than \$1,000 and the UWDR staff is familiar with the type of property in question.-please complete box on following page).

**United Way staff appraisal for items less than \$1,000.**

My signature below confirms that I have reviewed the donated item and believe I am familiar enough with this type of item to reasonably estimate its fair market value.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3. To be completed by the donor**

**Please check off box that reflects the donated item.**

- It was acquired this year
- It was acquired in the last three years
- It was acquired in the last ten years with the intent to donate to charity
- It was received in the last ten years from a family member or other non arm's length person

**What was the original cost of this item? \$ \_\_\_\_\_**

In each of the cases above, the tax receipt amount will be the lower of the donor's cost and the fair market value.

**Is this donation being made under a Donation Tax Shelter Gifting arrangement or Limited**

**Recourse Debt scenario?**  **Yes**  **No.** If yes, these gifts will not be receipted.

**Donor Declaration**

My signature below confirms that the information I have provided on this form is true and accurate. I hereby authorize United Way Durham Region to use this information in determining the value of the tax receipt I receive and to share this information with CRA.

**Donor Name (Please print)** \_\_\_\_\_ **Donor Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

Please forward all Gift-In-Kind requests to:

Karie Stephenson  
Manager of Finance and Administration  
United Way Durham Region  
345 Simcoe St. S.,  
Oshawa, ON L1H 4J2  
905-436-7377  
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