



IN-KIND DONATION FORM

Business Name _____

Contact Person _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

E-Mail Address _____ Website _____

Item Donated _____

Description of Item _____

Retail Value *(please submit appropriate documentation substantiating value)* _____

Does this item require a certified appraisal? *(any item over \$5,000; please circle one)* Yes No

Restrictions, if any _____

Item is: *(select one)* ☐ Enclosed ☐ Will be delivered on _____ ☐ Requires pick up

Contact Signature _____ Date _____

Thank you for your support!

Please return your completed form to:
Mammography Art Initiative
Attn: Jannel Garcia
FIU Herbert Wertheim College of Medicine
11200 SW 8th St. AHC-2, Room 683 Miami, FL 33199
Or fax to: 305-348-0123