

COVID-19 Heroes Fund In-Kind Contributions Donation Form

The undersigned agrees to donate the item(s) described herein to Cleveland Clinic, Mercy Health or University Hospitals, all 501(c)(3) charitable organizations.

DONATION INTENDED FOR:

 **Cleveland Clinic**

 **MERCYHEALTH**

 **University Hospitals**

First and Last Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Descriptions of Items Donated: _____

Retail or Fair Market Value: _____

***Please attach copies of receipts or documentation for in-kind items contributed.**

Restrictions (if any apply): _____

Delivery / Pick-Up Arrangements: _____

Organization Contact Name / Department: _____

Unless otherwise indicated, the organization specified may use my name in connection with this donation.

Please do NOT use my name in association with this contribution.

Signature: _____ Date: _____

I wish for my/our name(s) to be recognized—listed in organizational publications as: _____

I wish to give anonymously

I wish to dedicate my gift in honor of: in memory of:

Name/Address: _____ Name/Address: _____

Name/Address: _____ Name/Address: _____

Name/Address: _____ Name/Address: _____

Please include the completed form and documentation with your donation.

* If you intend to claim a tax deduction for a non-cash charitable contribution when the amount of the deduction is \$500 or more, IRS Form 8283 may need to be completed. Contact your tax consultant for more information.

DROP OFF LOCATIONS



AVON LAKE CITY SCHOOLS

- Avon City Hall 36080 Chester Rd, Avon, OH 44011
- Avon Lake City Hall 150 Avon Belden Rd, Avon Lake, OH 44012
- Avon/Avon Lake Community Resource Services 33479 Lake Rd C, Avon Lake, OH 44012
- Cleveland Clinic 33300 Cleveland Clinic Blvd, Avon, OH 44011
- Mercy Health 1813 Nagel Rd Suite 500, Avon, OH 44011
- University Hospitals 29000 Center Ridge Road Westlake, OH 44145 at the main lobby

PLEASE MAKE DONATIONS BY MAY 8, 2020