

Fax to: The Foundation at 609-771-9728

## **Gift-in-kind Valuation and Intent Form**

This document recognizes the gift intentions of:

Donor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

To the SERV Behavioral Health System through the SERV Foundation.

**This gift of:** (include model & serial number if equipment)

This gift will be designated to SERV Behavioral Health System for the specific purpose/use of:

\_\_\_\_\_  
\_\_\_\_\_

**The value of my gift to SERV Foundation is: \$** \_\_\_\_\_  
(You may verify the value with receipt, documentation, appraisals, etc.)

Your signature below indicates the intent to transfer all ownership rights in the above-described property (form, value and use) to SERV Behavioral Health System.

SIGNED: \_\_\_\_\_ DATED \_\_\_\_\_