



Behavioral Health System, Inc.
SERV Foundation, Inc.
Gift-in-Kind Valuation and Intent Form

This document recognizes the gift intentions of...

Donor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

...to SERV Behavioral Health System, Inc. through the SERV Foundation.

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

This gift will be designated to SERV Behavioral Health System, Inc. 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, Inc.

SIGNED: _____ DATED: _____

Please fax **signed** form to 609-771-9728

OR

Mail to The SERV Foundation at 20 Scotch Road, 3rd Floor, Ewing, NJ 08628