

IN-KIND DONATIONS

**IMPORTANT - Please read before completing
the attached In-Kind Donation Form.**

Thank you for considering BACC to receive your donation of goods!

Please complete the attached form even if you do not wish to receive a tax receipt. We need you, the donor, to provide a value for our financial records for the item(s).

Items Accepted:

BACC is happy to accept gently used items that would be useful for our clients facing breast and ovarian cancer. Items may include, but are not limited to: wigs, soft hats, mastectomy or post-surgical garments, and breast prostheses. **If you are unsure if BACC clients could use your item, please contact our Development Coordinator, Jane Park at jane@bayareacancer.org or (650) 326-6299 ext. 55.**

For health and safety reasons, please clean any items you want to donate before mailing or dropping them off. We can only accept clean, gently used wigs and prostheses without damage, tears, etc.

Valuing Your Donation:

You, the donor, must value the item(s) you donate. Used items should be discounted appropriately based on the item's fair market value when it was new. For more information, please refer to the IRS guidelines: <https://www.irs.gov/pub/irs-pdf/p561.pdf>

Mailing Address:

Our office is open between 9:00 am and 5:00 pm on Mondays, Wednesdays, and Thursdays. We encourage you to call our Helpline before coming. You can also mail your donation to BACC and include the attached form. Our address is:

Bay Area Cancer Connections
1511 S. Claremont Street
San Mateo, California 94402



In-Kind Donation Form

Thank you for donating items to BACC! Please complete this form to assign a value to the donated items. The form can be included with your donated items or sent to jane@bayareacancer.org.

Date: _____ Name of Donor: _____

Street Address: _____

City/State/Zip Code: _____

Email: _____

Telephone: _____

☐ Yes, I would like to receive emails from BACC about programs, news, etc.

How did you hear about BACC? _____

Item(s) Donated: _____ Quantity: _____

Item(s) Donated: _____ Quantity: _____

Item(s) Donated: _____ Quantity: _____

Item(s) Donated: _____ Quantity: _____

*REQUIRED: Donor has determined TOTAL VALUE to be: \$ _____

☐ I do not need a tax receipt for this donation.

Office Use:

Received by: _____ By mail: ____ In person: ____

Date received: _____

If donor value is not given, BACC value assigned per donation guide: _____