DONOR:			
	(Last Name)or Company Name	(First Name)	(MI)
Address:			
	City	State	Zip Code
Phone:		Fax:	
E-mail:			
	•	rance of its mission to provide dents who lack access to medic	free comprehensive health al care.
A	Description of	f Donated Property	Fair Market Value
В			
С			
D			
E			
F			
			Total
By:		Date:	
Geo	rgia Vaughn CEO	NOTICE	
oods will be tent allowe	n of donated goods is the privilege e supplied upon request to the cli ed by law. Donors who will red '- are required to complete and pr	e and responsibility of the donor. nic. Contributions are deductible quire St. Luke's to execute a Fo	e for income tax proposes to orm 8283–"Non-cash Charit
	VOLUBRIADIAN PROPRESENTA	THE PERMENICAL CL	INIC IN YOUR WILL?

DONOR:

**Address:** 



(Last Name)or Company Name



(MI)

# RECEIPT FOR DONATED GOODS

No Services or Goods are Provided in Exchange for Donations

(First Name)

		City	State		Zip Code
P	hone:		Fax:		
E-	-mail:				
		al Clinic to assist in the	NKS the donation of the listed furtherance of its mission to pay residents who lack access to	rovide free co	mprehensive health
		Descrip	tion of Donated Property		Fair Market Value
A					
В					
С					
D					
E					
F					
				Total	
By:			D	ate:	
	Georg	a Vaughn CEO			

# **NOTICE**

The valuation of donated goods is the privilege and responsibility of the donor. A Valuation Guide of acceptable goods will be supplied upon request to the clinic. Contributions are deductible for income tax proposes to the extent allowed by law. Donors who will require St. Luke's to execute a Form 8283—"Non-cash Charitable Contribution"— are required to complete and present such form for execution at the time of the donation.

### HAVE YOU REMEMBERED THE ST. LUKE'S FREE MEDICAL CLINIC IN YOUR WILL?

St. Luke's Free Medical Clinic is a 501(c)3 Tax Exempt Organization

162 North Dean Street Spartanburg, South Carolina 29302

Phone (864) 542-2273 Fax (864) 597-0413

Website: <a href="http://stlukespreview.tinypg.com">http://stlukespreview.tinypg.com</a> Email: <a href="mailto:info@stlukesfreemedicalclinic.org">info@stlukesfreemedicalclinic.org</a>

## Form 8283

(Rev. December 2006)

Department of the Treasury
Internal Revenue Service

### **Noncash Charitable Contributions**

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ See separate instructions.

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

OMB No. 1545-0908

Attachment Sequence No. **155** 

Name(s) shown on your income tax return

Identifying number

	Informati	on on Donated	Property—If yo	u need	more sp	ace, attach	a st	atement.			
1	(a) Name and address of the donee organization					(b) Description of donated property  (For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)					
Α											
В											
С											
D											
E											
lote.	If the amount you	claimed as a ded	uction for an item	is \$500 d	r less, yo	u do not hav	e to d	complete columns (d), (e),	and (1	f).	
	(c) Date of the contribution			How acquired (f) Don- by donor or adjus		(g) Fair market value (see instructions)		(h) Method used to determine the fair market value			
Α											
B C											
D											
E											
	antira inta	proct in a proper	ty lietad in Dart	I Comr	aloto line	s 3a throug	3h 30	s if conditions were al	ss tha	on a	
	contribution  Enter the letter from the letter	on listed in Part om Part I that iden o more than one p	I; also attach the tifies the property property, attach a	e requirer for which separate	ed state h you ga stateme	ment (see ir ve less than nt.	nstru an er	ntire interest ►	aced		
	contribution  Enter the letter from the letter	on listed in Part	I; also attach the tifies the property property, attach a	e requirer for which separate	ed state h you ga stateme n Part I: (	ment (see ir ve less than nt.	an er	ctions).  Intire interest   Par	aced		
b c	contribution  Enter the letter from the letter	on listed in Part om Part I that iden o more than one p med as a deduction as of each organiz	I; also attach the tifies the property property, attach a on for the property atton to which any	e require for whice separate firsted in	h you ga stateme Part I: (	ment (see inve less than nt.  (1) For this to (2) For any properties to (2)	an er ax ye orior t	ctions).  Intire interest   Par	aced		
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b c	contribution  Enter the letter from the donee of the contribution  Name and address from the donee of the contribution of the done. Address (number, street)  City or town, state, and	on listed in Part om Part I that iden o more than one p med as a deduction as of each organiz rganization above) ganization (donee) et, and room or suite no d ZIP code	I; also attach the tifies the property or attach a confor the property attach and the tifies the property attach and the tifies attached attached to the property attached to the tifies attached to the tifie	e require for whice separate y listed in y such co	ed state h you ga stateme n Part I: ( contributio	ment (see in ve less than nt.  (1) For this to the control of the	an er ax ye orior t in a	ear  eax years	aced	feren	
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Form 8	3283 (Rev. 12-2006	5)								F	age Z
Name(	s) shown on your i	ncome tax return								Identifying number	
Secti	items)	for which you claim	ed a deduction	on of more t	than \$5,0	000 per item	or gro	List in this section oup (except contribuerty listed in Section	ıtions (	of certain publicly t	
Par	t I Inform	mation on Dona	ated Prope	e <b>rty—</b> To b	e com	pleted by t	the t	axpayer and/or t	he ap	opraiser.	
	Art* (contrib		more) 20,000)	□ C □ C □ Ir	other Rea	I Property		ribution carpets, silver, rare mar		Equipment Securities Other	lia and
other s	similar objects. ctibles include coir	ns, stamps, books, ger	ns, jewelry, spo	rts memorabi	lia, dolls,	etc., but not ar	t as de	efined above.	iuscript	s, nistorical memorabii	iia, ariu
5	(a) Description of	of donated property (if attach a separate state	you need	(b) If tangib	ole propert	y was donated	l, give	a brief summary of the	overall	(c) Appraised fa	uir
A B											
С											
	(d) Date acquired (e) How acquired (f) Donor' by donor (mo., yr.) by donor adjuste					enter	(h) Amount claimed a	nstructions (i) Average trading price of securities			
Α								deddetterr		or documents	
B											
D Par	Town	aver (Danar) Ste		ist sock it	tom inc	ludad in Da	urt I o	bove that the app	oroio e	lidentifies as be	
r ai		ie of \$500 or les			leili ilic	iuueu iii Fa	шпа	bove that the app	Jiaisa	indentines as na	wirig
		wing item(s) include ifying letter from Par					-	and belief an apprais   ——————————————————————————————————	ed val	ue of not more thar	\$500 
Signa <b>Par</b>	ture of taxpayer	(donor) ► aration of Appra	nioor					Da	ite 🕨		
l decla marrie	re that I am not the	donor, the donee, a pa	rty to the transa					y, employed by, or relate ee, or party to the transa			
appraise value. the perfequence resulting me to Sign	sal, I am qualified to Furthermore, I under nalty under section og from the apprais the penalty under s	o make appraisals of the erstand that a false or fine 6701(a) (aiding and a al of the value of the pr	e type of proper raudulent overst betting the undo operty that I kno	ty being value ratement of the erstatement of the ow, or reasona	ed. I certify e property of tax liabi ably should	that the apprai value as descr lity). In addition I know, would b	sal fee ibed ir n, I un be use	s; and that because of r is were not based on a p in the qualified appraisal derstand that a substar d in connection with a re mony by the Office of P	oercenta or this f ntial or o eturn or	age of the appraised pr Form 8283 may subjec gross valuation missta claim for refund, may s	roperty t me to tement
Here Busine		ing room or suite no.)			Title ▶			Date ▶		Identifying number	
	town, state, and 2	ZIP code									
Par	t IV Done	e Acknowledgr	<b>nent—</b> To b	ne comple	eted by	the charita	able	organization.			
This c	haritable organiz		that it is a qua	•				and that it received the	e dona	ted property as desc	cribed
Furthe portio	ermore, this orga n thereof) within	nization affirms that	in the event it e of receipt, it	will file Forn	n <b>8282,</b> D	onee Informa	tion F	s of the property desc Return, with the IRS a			
Does	the organization	intend to use the p	Ü							▶ ☐ Yes ☐	No
Name	of charitable orgar	nization (donee)				Employer id	lentifi	cation number			
Addres	ddress (number, street, and room or suite no.)						, state	e, and ZIP code			

Authorized signature

Date

Title