

EQUIPMENT DONATION ACKNOWLEDGEMENT

Reference No: _____

[Healthcare Facility Name]

[Address Line 1]

[City, State, Zip]

[Tax ID / EIN]

DONOR INFORMATION

Name: _____

Address: _____

Contact: _____

DONATION DETAILS

Date of Receipt: _____

Delivery Method: _____

Condition: _____

ITEM DESCRIPTION (MAKE, MODEL, SERIAL #)	QTY	ASSET ID (INTERNAL)	FAIR MARKET VALUE

Acknowledgement: The above-listed equipment was received in good order. As a registered non-profit/healthcare entity, we confirm that no goods or services were provided in exchange for this contribution.

AUTHORIZED FACILITY REPRESENTATIVE
DATE