



110 Doon Road | Kitchener | ON | N2G 3C8  
 T 519.743.5209 | www.rockway.ca  
 Charitable #: 119122091RR0001

## IN-KIND DONATION FORM

### REQUIREMENTS FOR TAX RECEIPT PURPOSES:

- This form must be completed and signed to receive a tax receipt.
- As per Canada Revenue Agency (CRA) guidelines, only items of property may be eligible to receive a tax receipt (*services do not qualify*).
- The CRA has established the following process to determine the receipt amount:
  - Items purchased within the last 3 years may only be receipted for the price you paid for the item (*exclusive of all taxes*).
  - Items purchased more than 3 years ago and intended to be donated may only be receipted for the price you paid for the item (*exclusive of all taxes*).
  - Handmade items can only be receipted for the cost of materials.
  - Other items must be appraised by Rockway or an independent appraiser for tax receipt purposes.
- If any item was received by you as a gift, a receipt **cannot** be issued

### IN-KIND DONATION INFORMATION:

- Description of Donation: \_\_\_\_\_
- Was this item given to you as a gift?     Yes    No      *If yes, items received as a gift cannot be receipted, you're done filling out the form!*
- Was the item purchased in the last 3 years?     Yes    No  
     *If yes, what was the purchase price (without taxes): \$\_\_\_\_\_*
- Was this item purchased more than 3 years ago with the intention to donate it?     Yes    No  
     *If yes, what was the purchase price (without taxes): \$\_\_\_\_\_*
- If the answer to both of the above questions was "NO":  
     *What is the current fair market value of the item?    \$ \_\_\_\_\_*
- Is this a Handmade item?     Yes    No      *If yes, what is the cost of the materials?    \$\_\_\_\_\_*

### IF AN APPRAISAL IS NEEDED:

NAME OF APPRAISER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

APPRAISER SIGNATURE: \_\_\_\_\_

<b>APPRAISAL VALUE</b>  \$ _____
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### DONOR INFORMATION:

DONOR NAME: (*Please print name as it will appear on Tax Receipt*): \_\_\_\_\_

ATTENTION NAME: (*if applicable*): \_\_\_\_\_

DONOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*(By signing this form you declare the information shown above is correct)*

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE: (\_\_\_\_\_) - \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**~ ~ ~ Thank You for your Donation ~ ~ ~**

#### FOR OFFICE USE ONLY

Received on behalf of Rockway: \_\_\_\_\_ (*authorization*) Date: \_\_\_\_\_