

# Iredell County Government

## Health Department Printable Donation Form

- Grants and donations made to Iredell County qualify as a charitable contribution as defined by Internal Revenue Code Section 170(c)(1).

### Instructions

- Complete this entire form. Please **print** legibly.
- Make a copy of this form for your records/tax deduction.
- Submit this form with the donation.
- Make donation checks to:  
Iredell County Health Department
- Send donation checks to:  
Iredell County Health Department  
Finance & Operations - Accounts Receivable  
318 Turnersburg Highway, Statesville, NC 28625
- Call (704) 878-5343 with any questions or to discuss product or monetary donations.
- We will be given a receipt after we receive your generous donation.

#### Note:

*All donations must be used for a public purpose, so all donations will be used to benefit citizens living in Iredell County. Donations can be used for public health programs, clinic enhancements, educational efforts, community-wide efforts, emergency management efforts or other public health services.*

<b>Check (✓) one box:</b> <input type="radio"/> Voluntary Donation <input type="radio"/> Solicited Donation		
<b>Name of Person and/or Agency Donating:</b>		<b>Date of Donation:</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>E-mail:</b>		<b>Phone:</b>
<b>My monetary/charitable contribution is:</b>		
<input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000+ <input type="checkbox"/> Other _____		
<input type="checkbox"/> <b>Non-Monetary Donation, Describe Product(s):</b> <i>Use back if necessary.</i>		<b>What is the fair market value for each item:</b> \$ _____
<b>What program would you like your donation to go towards?</b>		
<input type="checkbox"/> Where Needed Most		
<input type="checkbox"/> Adult Health	<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Health Education <input type="checkbox"/> Prenatal Clinic
<input type="checkbox"/> Child Health	<input type="checkbox"/> Emergency Management	<input type="checkbox"/> Disease Control <input type="checkbox"/> Specify Other
<input type="checkbox"/> Dental Health	<input type="checkbox"/> Family Planning	<input type="checkbox"/> Nutrition Services <input style="width: 50px; height: 20px;" type="text"/>
This is to certify that Iredell County has not provided any goods or services in consideration, in whole or in part, for this generous contribution.		
<b>Signature of person donating:</b> _____		
<b>Health Department Use Only</b>		<b>Notes:</b>
<b>Date Received Donation:</b> _____ <b>Federal ID Number</b> _____		
<b>Staff Signature:</b> _____		
<input type="checkbox"/> Product Donations: Send a copy to Director of Public Health Development. <input type="checkbox"/> Monetary Donations: Send a copy to ICHD Accounts Receivable.		