

LETTER OF INTENT

We would like to donate the following item(s) to dental missions through the National Association of Seventh-day Adventist Dentists (NASDAD). This is a gift with no expectation of reimbursement or transfer of funds. **NOTE: If the total donation is valued at \$5,000 or more, the IRS will require a professional appraisal.**

Quantity	Item Description	Approximate Year of Purchase	Approximate Value

Please complete this form in NEAT AND LEGIBLE WRITING. Your donation receipt is based upon the information provided on this form. *COMPLETE THIS FORM IN ITS ENTIRITY!!!*

Please note: There may be a nominal fee to offset the cost of pick-up and transportation of the donation. Please ask Hank or Guillermo if there will be a fee so you may plan accordingly.

(Signature)

(Date)

(Printed Name)

(Mailing Address for Receipt)

(City/State/Zip Code)

(Telephone)

(Complete Address of Equipment Location)

(City/State/Zip Code)

Special Requests or Comments:

Please return completed form to:
 NASDAD P.O. Box 101, Loma Linda, California 92354
 Office: 909.558.8187 nasdad@llu.edu Fax: 909.558.0209 nasdad.org

Office Use Only _____
 Picked up? ___ Sent letter? ___