

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.

NOTE: You must include the serial number if you are donating xray machines or xray equipment!!

Quantity	Item Description – <i>if xray, include serial number</i>	Year of Purchase	Value

COMPLETE IN NEAT AND LEGIBLE WRITING.

Your donation receipt is based upon the info provided on this form.

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

ALL EQUIPMENT MUST BE UNHOOKED PRIOR TO PICK-UP. EQUIPMENT WILL NOT BE UNHOOKED BY THE DRIVER OR PERSON PICKING UP THE DONATION!

(Signature)

(Date)

(Printed Name – as it should appear on the receipt)

(Mailing Address for Receipt)

(City/State/Zip Code)

(Telephone)

(Complete Address of Equipment Location)

(City/State/Zip Code)

Special Requests or Comments:

If applicable, please provide the name of dental company representative helping you coordinate this donation.

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? ___
