

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.
- Submit this form with the donation.
- Make donation checks to:
Iredell County Health Department
- Send donation checks to:
Iredell County Health Department
Accounts Receivable
318 Turnersburg Highway, Statesville, NC 28625
- Call (704) 878-5343 with any questions or to discuss product or monetary donations.
- We will send you 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.

Check (✓) one box: <input type="radio"/> Voluntary Donation <input type="radio"/> Solicited Donation		
Name of Person and/or Agency Donating:		Date of Donation:
Address:		
City:	State:	Zip Code:
E-mail:		Phone:
My monetary/charitable contribution is:		
<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"/> Non-Monetary Donation, Describe Product(s): <i>Use back if necessary.</i>		What is the fair market value for each item: \$ _____
What program would you like your donation to go towards?		
<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.		
Signature of person donating: _____		
Health Department Use Only		Notes:
Date Received Donation: _____ Federal ID Number _____		
Staff Signature: _____		
<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.		