



WALKER SCOTTISH RITE CLINIC

**DONATION FORM**

Donor/Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Description of Donation:

Please list any limitations or restrictions associated with this donation:

Please indicate if your donation is for general use or event related (please name event):

Fair Market Value \$ \_\_\_\_\_ Date \_\_\_\_\_

Gift Acquired by \_\_\_\_\_

Item Enclosed  
 Item to Be Delivered (Date) \_\_\_\_\_

Gift Certificate  
 Item to be Picked Up (Date) \_\_\_\_\_

Please return this form with your donation to:  
Walker Scottish Rite Clinic  
Maryville University  
Attn: Development Director  
650 Maryville University Drive  
St. Louis, MO 63141

**Note:** Donors must provide documentation to support value of gifts, i.e. appraisal, invoice, etc. If over \$5,000 attach backup materials verifying value, i.e. invoice, appraisal, etc. The Internal Revenue Service requires that all gifts over \$5,000 be claimed on Form 8283 for tax purposes. A qualified appraiser, not affiliated with the Walker Scottish Rite Clinic, must value the gift at the donor's expense.

Questions? call 314.529.9200 or email [kidtalk@maryville.edu](mailto:kidtalk@maryville.edu)