

Required Statement for Contributions of Inventory

(All fields are required – incomplete forms will be discarded)**

This statement is submitted to you in accordance with Reg. 1. 170A-4A(b)(4) by _____**
with E-mail address** _____ and Phone** _____
at the Bariatric Surgical Program located at _____**
On behalf of (NAME)** _____ Patient Donee request that inventory ship to:
Street Address**: _____
City** _____ State** _____ Zip Code** _____ Phone** _____
E-mail Address** _____

Information Provided Pursuant to Reg. 1. 170A-4A(b)(4):

1. Description of property received:

Multivitamins	Calcium	Iron
<input type="checkbox"/> Gastric Bypass or Gastric Sleeve Chewable 90-Day Supply	<input type="checkbox"/> Chewable 90-Day Supply	<input type="checkbox"/> 18mg Chewable 90-Day Supply
<input type="checkbox"/> Adjustable Gastric Band Chewable 90-Day Supply		<input type="checkbox"/> 60mg Chewable 90-Day Supply
<input type="checkbox"/> Duodenal Switch Chewable 90-Day Supply		

- The above described property's use will be related to the recipient organization's tax-exempt purpose for the care of the ill, the needy or minors [as defined in IRC Sec. 170(e)(3) and Reg. 1.170A-4A(b)(2)]
- The above-described property will be used in accordance with Reg. 1.170A-4A(b)(3) (i.e., the done organization or any transferee of the done organization will not require or receive any money, property, or services for the transfer or use of the property).
- The above-named done-organization is described in IRC Sec. 501(c)(3), is exempt from tax under IRC Sec. 501(a), and is not a non-operating private foundation as defined in IRC Sec. 509(a).
- Adequate books and records as defined in Reg. 1.170A-4(b)(4) will be maintained and made available to the IRS upon request.

Signature: _____ Date: _____
(signature must be authorized representative of Bariatric Surgery Program)