



## In-Kind Questionnaire

Please note that due to new split-receipting rules in the *Income Tax Act* we are now required to make reasonable inquiry of donors of in-kind gifts. The following formula explains how the tax receipt amount will now be determined:

Eligible Amount Of Gift	=	Fair Market Value of Property Donated	-	Advantage Received by Donor
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Note: If the donated item was acquired within the past three years, the Fair Market Value is deemed to be the donor's cost of acquiring the property.

1) Did you acquire this item with the intent to donate it to a charity? \_\_\_\_\_

**OR**

2) Did you acquire this property within the last three years? \_\_\_\_\_

If you answered yes to either of the above questions, please provide us with the original cost to you.

\_\_\_\_\_

I hereby confirm the above information to be true and correct.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For more information on the Income Tax Act please contact  
Canada Revenue Agency [www.cra.gc.ca/charities](http://www.cra.gc.ca/charities)

120 East Mall, Etobicoke, ON M8Z 5V5  
t 416.408.2594 f 416.408.2598 [secondharvest.ca](http://secondharvest.ca)  
Charitable Registration Number: 13386 5477 RR 0001

# Second Harvest Food Rescue - 2026 Fine Wine Donation Form

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: Mr. Mrs. Ms. Dr. \_\_\_\_\_

Contact Position: \_\_\_\_\_

Donor Name (as you would like it to appear on bid sheet): \_\_\_\_\_

**Please circle one of the following:**

I'd like to remain anonymous and have my name excluded from any recognition list(s): **Yes / No**

I require a tax receipt for my donation: **Yes / No**

## **TAX RECEIPT TO BE ISSUED TO:**

### **Full Mailing Address:**

Address: \_\_\_\_\_ Unit/Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

## **DELIVERY/PICK- UP INFORMATION:**

Please select your **delivery/pick-up** method:

- I will deliver the bottle(s) to Second Harvest (address below) on (**preferred date**) \_\_\_\_\_
- I will make other arrangements (Please describe) \_\_\_\_\_
- I need my donation picked up on (**preferred date + time**) \_\_\_\_\_

\*NOTE: pickup available within Toronto only\*

**PICK UP LOCATION (if different from address above):** \_\_\_\_\_

**COMMENTS/SPECIAL REQUESTS:** \_\_\_\_\_

## **PLEASE SEND COMPLETED DONOR FORM TO:**

Second Harvest ATTN: Emma Kerr, Coordinator of Partnerships & Fundraising | 120 East Mall, Etobicoke, ON M8Z 5V5 | Phone: 437-425-2548 | [EmmaK@secondharvest.ca](mailto:EmmaK@secondharvest.ca)

**Please print legibly. For us to properly evaluate your wines, please provide as much information as possible. To maintain catalogue accuracy, when we receive your wine donation it will be checked against your wine donation list. If there are any discrepancies, we will notify you immediately.**

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**SECOND HARVEST FOOD RESCUE – 2026 FINE WINE DONATION FORM**

**DONOR NAME:** \_\_\_\_\_ **DONOR ID #:** *Office Use Only* \_\_\_\_\_

For Donor to Complete *PLEASE PRINT LEGIBLY*										Office Use Only		
*Date Acquired	*Acquired to be donated? Y or N	**Original Cost	Vintage Year + Description	Storage	Color R or W	# of Bottles	Bottle Size	Fill (Circle one)	Label (Circle one)	Pre-Appraisal Value/Bottle	Final Receipt Amount/Bottle	Final Receipt Amount/Wine
								Neck High Low Shoulder	Mint Bin Soiled Torn			
								Neck High Low Shoulder	Mint Bin Soiled Torn			
								Neck High Low Shoulder	Mint Bin Soiled Torn			
								Neck High Low Shoulder	Mint Bin Soiled Torn			
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								Neck High Low Shoulder	Mint Bin Soiled Torn			
								Neck High Low Shoulder	Mint Bin Soiled Torn			

**Total Bottles:** \_\_\_\_\_ **Total Value (pre-Appraisal):** \$ \_\_\_\_\_

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***Office Use Only***

Total Appraisal Value: \$ \_\_\_\_\_ Appraisal Date: \_\_\_\_\_

Appraiser Name: \_\_\_\_\_ Appraiser Signature: \_\_\_\_\_

\*This information is collected in accordance with the Income Tax Act. Your tax receipt may reflect a value less than the original cost and the appraised fair market value.

\*\*The original cost must be listed if the item was acquired less than three years before the day that the gift is made/donated or if it is a reasonable to conclude that, at the time the donor acquired them, the donor expected to make a gift of the item.