



933 E. Pierce St. | Council Bluffs, IA 51503
Phone: 712-396-6040
Email Questions To: jefoundation@nmhs.org
www.jehfoundation.org

GIFTS OF GRAIN PRODUCER DONATION

1

I/We _____, hereby gift _____
Donor/Organization *# of Bushels*
or _____ of _____
\$ Value *Type of Grain*

2

Direct my gift to: Jennie Edmundson Hospital Foundation

Purpose: (Please check one)

Cancer Care

Charitable Patient Care

Caring for Our Communities

Cardiovascular Care

OTHER: _____

3

I verify that this grain does not have a lien against it.

I verify that this grain does have a lien against it; a lien waiver is attached.

4

Donor Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Mailing Address: _____

Email Address: _____

Additional Donor Signature: _____ Printed Name: _____

5

I have transported the gifted grain and the title to the following facility:

Name of Grain Elevator:	
Contact Person/Phone:	

6

Grain Elevator: Please sell grain at elevator closing price on day of delivery.

Make check payable and remit to:
Jennie Edmundson Hospital Foundation
933 E. Pierce St., Council Bluffs, IA 51503

IMPORTANT TO CONSIDER:

Gift (Transfer of Ownership) occurs before the grain commodity is sold.

The donor shall not sell the grain commodity or otherwise provide instructions on the sale of grain.

In all cases, please contact your tax advisor for complete legal and/or tax advice regarding charitable donations.