



GIFT IN-KIND DONOR FORM

Name of Business or Individual: _____

Business Contact: _____

Address: _____

Phone: _____ E-Mail _____

Please list or attach a complete description of item(s) and serial number(s):

Purpose of donation (How will it be used by LCSC?): _____

Donor's Estimated value: \$ _____ as quoted by _____

Donor Signature

(Note to donor: According to federal law, the donor must determine the value of the gift-in-kind for tax purposes. LCSC employees are not authorized to place a value on gifts-in-kind. Your gift may require IRS Form 8283 be completed by you with an appraisal of the donated property. Please consult your tax advisor.)

Date of receipt of donation: _____ Received by _____

LCSC Representative

Did this donor receive any good or services in return for this donation? YES NO

If yes, what is the value of stipend or goods received? _____

LCSC Representative Phone Number _____ E-Mail _____

Please submit this form along with appropriate documentation (letters, MOUs etc. from or created with the donor concerning the donation and/or its use/terms of agreement) to the College Advancement Office. Questions? Contact 208.792.2458 - awgill@lcsc.edu.

DONOR TO COMPLETE

LCSC REP TO COMPLETE