



CCS Foundation (District 17 Community Colleges Foundation) REPORT OF NON-CASH GIFTS

Date gift made _____

DONOR SECTION: Declaration of Gift

If the donor is a business, *company representative* is:

Donor name _____

Address _____ Title _____

Head of company _____

Phone _____ Title _____

Donee: DISTRICT 17 COMMUNITY COLLEGES FOUNDATION

1. PROPERTY TRANSFERRED

The undersigned, on behalf of the Donor, does hereby assign, transfer, and set over unto the Donee, all of the Donor's right, title and interest in and to the following described property:

Estimated value* \$ _____ (Each item valued at \$1,000 or more must be identified separately.)

Donor estimate

Third-party appraisal

Fair market value

2. PURPOSE OF GIFT

The property hereby transferred is to be used and/or applied by you for the purpose indicated.

(Please check desired purpose):

Unrestricted Foundation Use

For the general use of the foundation, with no restriction as to the application of such property or the period of retention thereof and with full authority to sell such and apply the proceeds from the such sale for the general charitable purposes of the foundation.

General Use of a Specific Department

For the general use of the _____ Department of _____ College; as soon as reasonably possible or practical, you are requested to deliver the property to such Department.

Special Purpose as Follows

DATED this _____ day of _____, 20 _____.

DONOR _____

By _____

Name and Title

(PLEASE SEE REVERSE SIDE)

COLLEGE SECTION

College and department to receive donation:

College _____ Department _____ MS _____

College representative receiving donation: _____
Name Phone

Associated costs (shipping, special price paid for equipment, etc.)

\$ _____ for _____

If associated costs are over \$100 the signature of the appropriate college assistant dean is required:

Signature of associate dean

Date signed

Intended use and location of donation: _____

I have seen the item(s) donated or can otherwise verify the accuracy of the donation description in the Donor Section of the report, and I certify the applicability of this donation for the purpose for which it is being given to the college.

Signature of college representative

Date signed

***Please return completed form to:
CCS Foundation
501 N Riverpoint Blvd, MS 1005
PO Box 6000
Spokane, WA 99217-6000
For information please call 434-5123***

FOUNDATION SECTION

Donor Value _____

Associated Costs _____

Adjusted Value _____

The District 17 Community Colleges Foundation acknowledges receipt of the item(s) described in the Donor Section of this report, and:

- accepts ownership**
 transfers ownership to the Community Colleges of Spokane

Signature of foundation representative

Date signed

Printed name

**If any single item has an estimated value of \$1,000 or more, send a copy of this form to inventory inspector, MS 1090.*

**Any one item over \$5,000 must have a third-party appraisal.*