



# GIFT-IN-KIND DONATION FORM

Date: \_\_\_\_\_ Donor Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Department Name : \_\_\_\_\_  
(Where In-kind gift will reside)

Description of Gift-in-Kind (please be as specific as possible):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Donation:  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Value: \$ \_\_\_\_\_ Donor Signature: \_\_\_\_\_

**Note: If the donor estimated value of the gift-in-kind is more than \$5,000, the IRS requires a qualified, certified appraisal of the donation which must be attached to this donor form.**

Certified Appraisal attached: \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_ N/A

LACC Foundation is authorized to publish the donor's name: \_\_\_\_\_ Y \_\_\_\_\_ N

### LACCF Office Use Only

Approved by: \_\_\_\_\_  
Name Title

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