



GIFT-IN-KIND RECEIPT FORM

Name of Business or Individual: _____

Individual (Social Security #) or Business Tax ID Number _____

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: 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

LCSC Representative Phone Number _____ E-Mail _____

Please submit this form along with appropriate documentation (letters, etc. from the donor concerning the donation and/or its use) to the College Advancement Office. 208.792.2458. kevans@lcsc.edu