

Memo of Intent to Accept Non-Cash Gift

PLEASE PRINT IN INK ONLY

GIFT INFORMATION

Date _____ Name of Department _____

Will the gift(s) be in keeping with the general purposes of the District? YES NO

If NO, please explain the unusual purpose:

Will acceptance of the gift(s) impose an obligation on the District to use the gift(s) for other than general purposes? YES NO If YES, please explain:

Will ownership of the gift(s) tend to deplete the resources of the District: YES NO

If YES, Please explain (Installation costs, maintenance costs, etc.)

IDENTITY OF DONOR BY NAME, ADDRESS, AND ORGANIZATION DONOR REPRESENTS, IF ANY

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

Organization _____

Description of gift being offered _____

Value of gift (to be determined by donor) _____

Restrictions on gift _____

Title or office or department within the College that will be responsible for the management of the gift:

Long-term expenditures that may result If gift is accepted _____

Requirement for additional liability or other insurance coverage _____

Educational programs which the gift will support:

SIGNATURES

Donor _____

Director, Dean, or Vice President _____

Vice President of Administrative Services _____