



oregon college of
art and craft

IN-KIND CONTRIBUTION FORM

Please complete this form for all solicited and unsolicited contributions to the College and return to the Development office for tax and recording purposes.

Date: _____

Contributor name: _____
PRINT NAME

Contributor address: _____

City: _____ State _____ Zip _____

Contributor email/phone: _____

Description of contribution (attach inventory if applicable): _____

Fair market value (to be established by contributor): _____

How was value determined? (Invoice, appraisal, etc.) _____
-Gifts over \$5,000 must have a written appraisal-

Donor signature: _____

Were any goods or services offered to the donor in exchange for their gift? Yes No
If yes please explain:

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OCAC Contact: _____
PRINT NAME

Department/office: _____

Dept. head/Supervisor signature: _____

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FOR DEVELOPMENT OFFICE USE ONLY:

Date acknowledgment sent: _____ by: _____

Date entered in database: _____

Comments: _____