<u>Lewis-Clark State College Foundation Gift Transmittal Form – NON-CASH GIFTS</u> **Foundation Office**

602 11th Avenue, Lewiston, ID 83501 (208-792-2458) or collegeadvancement@lcsc.edu

INSTRUCTIONS: Complete this form; attach <u>copies of all supporting documentation.</u> **ENTIRE FORM MUST BE FILLED OUT IN ORDER FOR THE GIFT TO BE PROCESSED.** Submit to the Foundation Office. Please contact us if you have any questions.

SECTION I: COLLEGE INFORMATION

School/Department Transmitting Gift:	Date:		
Department Contact Person:	Phone:		
E-Mail Address:			
SECTION II: DONOR INFORMATION	<u>ON – ATTAC</u>	H COPIES OF DOCUMENT	ATION
Donor Name:	Donor ID#:		
If Donor is a Company/Foundation/Organization:			
Contact Person:	Contact ID#:		
Title:	Phone Number:		
Donor or Contact Person: Street Address:			
City:	State:		Zip:
For organization gifts, who should receive the receipt?		ORGANIZATION	CONTACT PERSON
SECTION III: NON	-CASH GIFTS	S INFORMATION	
Please indicate the appropriate gift value: (circle one) No	Declared V	alue / Donor Declared Va	lue / Appraised Value
Gift amount for donor declared or appraised value: \$	or declared or appraised value: \$*gifts valued at \$5,000 or greater may need a		
qualified appraisal and be approved by the LC State Foundation $% \left(1\right) =\left(1\right) \left(1$	Office. Please	contact Jennie Jones Hall at	792-2458 for further details.
Date gift was received by the department:*Important information as this date will be the recorded gift date			
Gift-In-Kind Designation Code/FundDesig	nation Nam	e:	
Detailed Description of Gift:			
Gift Location (for property inventory purposes):			
SECTION IV: SIGNATURES AS	REQUIRED	BY COLLEGE/DEPARTME	NT
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Date

Approved/Director of Advancement

Date

Approved College/Department Signature