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## GIFT IN KIND/NON-CASH GIFT TRANSMITTAL

DONOR INFORMATION	
Name(s)	
Business (if applicable)	
Address	
City	State Zip
Phone (home)	(business)
Email	
GIFT INFORMATION	
Description   Itemized description of donate	ed item(s), attach a separate sheet if necessary.
Value   An estimated value must be provided	d for our records.
Estimated value \$ Esti	imated by (name)
□ Donor □ Professional Appraiser	
Usage   The use of this gift has been transfe	erred to:
Dept:	Received by:
Date:	Foundation Staff Signature:
Form Completed by	Date

In accordance with the Internal Revenue Service, **Section A** of **Form 8283** must be filed if the estimated value of your non-cash gift is greater than \$499. Non-cash gifts valued at more than \$4,999 must be reported in **Section B** of **Form 8283**, and must be professionally appraised. The estimated value given is for office use only; the amount of your deduction remains between you, your CPA, and the IRS. It is understood that CCCF is free to use or dispose of this gift and that any income or proceed are to be used at the sole discretion of CCCF. CCCF is a 501 (C) 3 organization (Federal ID # 93-0579576). Your gift is tax deductible as allowed by law.

No goods or services were provided by Clackamas Community College Foundation in exchange for this donation.

Email form to foundation@clackamas.edu or mail to 19600 Molalla Avenue, Oregon City, Oregon 97045