

Gift-in-Kind Acceptance Form

Contributor's Name: _____ Organization: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Soc Sec/Tax I.D. # _____

Fair Market Value Claimed by Contributor: \$ _____

I would like to contribute the following gift-in-kind to The Foundation @ FCOE for the following designated program or purpose _____

Space and Facilities: Describe the space and facilities, any need for new utility connections, special installation or alterations, and indicate if such costs will be defrayed.

Description: _____

Tangible Property: Describe the tangible property such as merchandise, goods, equipment, etc.

Description: _____

Restrictions: Are there any restrictions to the acceptance of this gift? ☐ Yes ☐ No (If yes, state restrictions below.)

Other Considerations: _____

NOTE

If the total claimed fair market value of the gift *exceeds* \$500, the contributor (if said contributor is an individual, a closely held corporation, a partnership, an S corporation, or a personal service corporation) must complete IRS Form 8283, Non-cash Charitable Contributions, but no formal appraisal is required. If the total claimed fair market value of the **gift exceeds \$5,000**, the **contributor must complete IRS Form 8283 and must obtain a qualified appraisal.**

Submit completed form to:
The Foundation @ FCOE
1111 Van Ness, Third Floor
Fresno, CA 93721
E-mail: mgalvan@fcoe.org

For Foundation Office Use Only

Signature indicates acceptance of the above gift-in-kind contribution.

Executive Director

Date