For Advancement & Alumni Use Only: R/E



Gift-in-Kind Acceptance

Thank you for your support

Donor Information:

Name:					(as you wish it to appear on the charitable receipt)			
Name: Address: Telephone: Day ()					(as you wish it to appear in printed materials)			
				Prov:	Postal Code:			
				Evening ()			
Pref	erred Email:							
1.	Is a charitable receipt rec	uired? Yes	s No					
2.	Terms of Acceptance of (Gift:						
	 i) Okanagan College which they deem u ii) No money or consi 	seful and appropria	ate:			any way a	and at any location	
3.	Do you agree that the gift Yes No	(s) may be sold or	disposed of	at the disc	cretion of O	kanagan C	college:	
	Restrictions (if any):							
For	Completion by Okanagan C	ollege:						
1.	Description (please include, year, make, model, registration, serial number and all other pertinent information). Back-up documentation must be attached.							
2.	Department who will receive gift:							
3.	Purpose of the gift: (<i>i.e. events, instructional purposes</i>)							
4.	Fair Market Value (Federal & Provincial taxes are not receiptable Third Party Appraisal required if value is \$1000 or more, and donor requires a taxable receipt. Appraisal must be done by an independent, knowledgeable and prudent appraiser.							
5.	Estimate of expenses for responsible.	moving, installatior	n, or repairs	to the don	ated item(s), and indi	cate who will be	
l ag	ree that the donated item(s)	and conditions des	scribed abov	ve are acce	eptable:			
	nagan College:						Date:	
(i.e. l	Department Chair)	Signature		Ple	ease Print Nar	ne		
Don	or:	Signature		Ple	Please Print Name		_ Date:	
Dea	n/Director:						Date:	
		Signature		Ple	ease Print Nar	ne		
	The gift-in-kind is not f	ormally accepted	until proce	essed by tl	ne Advance	ement & A	lumni Office.	
Ple	ase return your completed dor Phone: 25	ation form to the Adv 50-862-5630 • Toll Fr					elowna, BC • V1Y 4X8	

www.okanagancollegefoundation.ca