

**South Orange County Community College District
SADDLEBACK COLLEGE FOUNDATION
28000 Marguerite Parkway
Mission Viejo, CA 92692
(949) 582-4479**

IN-KIND DONATION APPROVAL FORM

Division and/or department to receive donation		
Type of Donation <input type="checkbox"/> Services <input type="checkbox"/> Equipment/Materials	Description of Donation: Serial # if applicable	Approximate value of donation (estimate if not known)
Proposed use of donation		
Related costs or needs associated with donation (e.g. installation, delivery, maintenance, or repair contracts, etc.)		
Are related costs budgeted or otherwise funded? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional comments		

DONOR INFORMATION
Company Name
Address
City, State, Zip
Phone
Donor Contact Name
Donor signature

SIGNATURES AND APPROVALS

•College Recipient of donation.	Date
•Dean/Administrator	Date
•President	Date
•Director, Foundation	Date
•Submit to Board of Trustees	_____
•Return to Foundation	
• Submit to Director of Purchasing (If over \$1,000)	