



IN-KIND DONATION FORM

Submitted by: _____
MHCC Employee

Phone: _____ Date: _____
Date of Donation

Item(s) being donated: _____
Equipment/Goods/Services

to MHCC for use in the: _____ program.

DONATION DESCRIPTION:

Item: _____

Description: _____

Model: _____

Serial Number: _____

DONOR: _____

Address: _____

Phone: _____

ESTIMATED VALUE (Provided by Donor): \$ _____

Recommend: _____ Approval _____ Disapproval

Area Administrator Date of Recommendation

Please return a signed copy of the form to the MHCC Foundation Office

Donation assigned to: Mt. Hood Community College Foundation

1. Acknowledgement sent to donor on _____
(Date)
2. Copy of this signed form was sent to the Business Office on _____
(Date)
3. A copy of this signed form was sent to the initiator on _____
(Date)