



GIFT IN KIND DONATION FORM

Gift Description:

Date of Gift: _____ **Donor's Gift Value:** _____

Image of item included: Yes No Will submit by March 9, 2018

Donor Name: _____

Org Name: _____

Contact: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Web Address: _____

All gifts to the HCC Foundation are tax deductible to the extent allowed by law. In compliance with IRS tax reporting laws, the amount of your charitable contribution is limited to the excess of your payment over the value of goods or services provided by HCCF. The HCCF tax identification number is #74-1885205.

Please submit VIA MAIL: HCC Foundation; 3100 Main, MC 1148; Houston, Texas 77002

VIA FAX: 713.718.8631 • VIA EMAIL: scholarshipgala@hccsfoundation.org • For more information please call 713.718.8595.

FOR HCCF USE ONLY

Received by: _____ Gift used for: _____

Date Received: _____ Date Received by HCCF: _____