

Victor Valley College District Foundation, Inc.

Federal Tax ID # 51-0141667 18422 Bear Valley Rd., Victorville, CA 92392 | 760-245-4271 ext. 2252

Receipt of Donation

Donor Name:			Date:
Company / Organizatio	on (if applicable):		_
Address:		City:	Zip:
E-mail:		Phone: ()	
Description of Gift:			
Does this Gift Contain H	azardous Materials	Yes No	Unknown
Recognize gift as from:	Individual	Company / Organization	n Anonymous
Fair Market Value *	\$ fo	or (VVC Program):	_
qualified appraisal for the donor's ta I understand that is it my sole respo Victor Valley College harmless and	ux benefit. (see IRS PUB 561) consibility to establish and substantic d idemnify them against any potentic	ate the value of my donation. Further, I hold	lines. Gifts valued at \$5,000 or more will require a the Victor Valley College District Foundation and The Victor Valley College District Foundation loes not meet the needs of the College /
Donor Signature:			Date:
		COMPLETED BY COLLEGE / FOL	
Administrative approval is required	d prior to receiving any gift. Vice I	President approval required on gifts valued a	t more than \$5,000.
Gift to be received by:			Ext
College Department:			
Intended Use / Disposition	on:		_
Administrative Approva	l:		Date:
I acknowledge having received the	above referenced gift on behalf of th	he Victor Valley College / Victor Valley Colle	ge District Foundation.
Receiver Signature:			Date:
	SECTION BELOW	TO BE COMPLETED BY FOUNDAT	TION
Accepte	ed* Reje	ected	Date:
	Transferred to VVC for	:	Date
	Used by Foundation fo	r:	
	Returned Sign	ned:	Date:
*Acceptance does not represent ag) of the IRS Code to accept the above donation.
VVCDF Signature:			Date: