

**EQUIPMENT/MATERIALS
DONATION TO IHCC FOUNDATION**

Donor Information

Individual Donor Name:

Business Donor Name (if applicable):

Business Donor Contact:

Street address:

City:

State:

Zip code:

E-mail address:

Phone:

Donation Information

Date of Donation:

Description of Donated Equipment/Materials (If Applicable, Include Make/Model/Serial No., etc.):

IHCC Costs Involved in
Acceptance of Donation:

Restrictions on Disposal:

IHCC Program Benefitting
from Donation:

Location @ IHCC:

IHCC Inventory & Insurance Value (Attach Proof):

Date Form Submitted to Business Office:

Signature of Originator

Printed Name

Date

Signature of Department Supervisor or Dean

Printed Name

Date