



# Non-cash Charitable Contributions

4601 Mid Rivers Mall Drive · Cottleville, MO · 63376 · (636) 922-8278

**DONATION DETAIL:**

Gift Date: \_\_\_\_\_

Donor/Org Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of item/services donated:

Item/Service to be used for: \_\_\_\_\_

*Note: This form does not act as a gift receipt for donation.  
This form is intended for internal use only.*

I acknowledge receipt of this donation on behalf of St. Charles Community College. The information stated above is accurate and the Estimated Fair Market Value is reasonable. All available hard copy documentation of this gift is attached.

_____	_____	_____	_____
<i>Signature</i>	<i>Print Name</i>	<i>Phone</i>	<i>Date</i>

_____	_____
<i>Signed SCC Foundation Representative</i>	<i>Date</i>

Please return this form to:

SCC Foundation  
 4601 Mid Rivers Mall Drive  
 Cottleville, MO 63376  
 (636) 922-8577