



Auction Donor Intent Form

An Evening Benefiting San Francisco State University's
 Hospitality and Tourism Management Program
 The City View at Metreon, 135 4th St., 4th Floor, San Francisco
 Thursday, April 26, 2018, 6:00–9:00 p.m.

Company Name: _____ **Date:** _____

(Please print name as you wish it to appear in the event program.)

Contact Name and Title: _____

Street Address: _____

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

Phone: _____ **Fax:** _____ **Email:** _____

We are happy to make the following gift in-kind in support of Taste of the Bay:

Please complete the following information in detail so that we may provide you with a formal acknowledgement for your tax records.
 TAX ID Number: 94-1384645

Item Description and Restrictions (e.g., blackout dates)	QTY		Fair Market Value*		Total
		X	\$	=	\$
		X	\$	=	\$
		X	\$	=	\$
		X	\$	=	\$
* In-kind gifts with a fair market value greater than \$5,000 require an independent appraisal. We suggest that donated items have a minimum fair market value of \$250.			Total		\$

Donor Signature: _____ **Date:** _____

Please submit this form along with your donation to the address below. Please be advised that submissions received after April 6, 2018, may not be recognized in the Taste of the Bay Program. Thank you for your support!



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