

## **Opportunity Drawing Donor Intent Form**

A Special Evening Benefiting San Francisco State University's Hospitality and Tourism Management Program

Grand Hyatt, 345 Stockton Street, San Francisco, CA 94108 Wednesday, May 6, 2020 from 6:00 – 9:00 p.m.

Company Name:						
Street Address:						
City: St	ate:	Zip:				
Phone:	Fax:					
Email:						
Name(s) of Representative(s):						
Name(s) of Assistant(s):	ree individuals per con t the event:	npany)			for you	_ ur tax records.)
Item Description and Restrictions		Qty		Fair Market Value *	=	Total
			X	\$	=	\$
			X	\$	=	\$
			X	\$	=	\$
			X	\$	=	\$
*In-kind gifts with a fair market value greate require an independent appraisal. We sugges items have a minimum fair market value of \$	t that donated			Total		\$
☐ We require the following at the event (e.	.g., electrical outlet):					
☐ We would like to have a student assist u	s at the event.					
Donor Signature:	Date:			<del></del>		
Please scan this form and e-mail it to <b>beverlyd</b> e Please mark your communication "Attn: TOTB		5.405.030	<b>64</b> , OR	mail to the address below.		

Once we have received your submission, the TOTB Student F&B Manager will be in touch with further details. Please note that submissions received after April 17, 2020 may not be included in the Taste of the Bay program.



San Francisco State University
Hospitality and Tourism Management Department
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www.tasteofthebaysf.com

San Francisco State University Gift In-Kind Acceptance (For Office Use Only)								
Department Chair		Date	Associate Vice President, University Advancement	Date				
Department chair		butc	Associate vice i resident, oniversity Advancement	bate				
Dean of College		Date	Vice President, University Advancement	Date				
Date Received:	Thank You Sent:	IRS Fo	rm Sent: FR:					