

Restaurant 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:	State:	Zip:				
Phone:	Fax:					
Email:						
Name(s) of Representative(s):						
Name(s) of Assistant(s):(Please note that we can only accommodate	e three individuals per w	inery & be	everag	e co.)		
☐ We are happy to donate and serve the (Please include descriptions and fair material)			le you	with a formal acknowledgment	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 gre require an independent appraisal. We sugg items have a minimum fair market value of	gest that donated			Total		\$
☐ We require the following at the event						
☐ We would like to have a student assis						
Donor Signature:	Date:					
Please scan this form and e-mail it to beverl	•	5.405.03	64 , 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
Attn: Beverly Dela Cruz Colindres, Office Manager
1600 Holloway Avenue, San Francisco, CA 94132
415.338.1023 Phone | 415.405.0364 Fax | beverlyd@sfsu.edu
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:					