

IN-KIND DONATION

*Please note: completion of this form does not constitute acceptance of your donation. You will be notified about the status of your donation by the appropriate College representative.

SECTION 1: CONTACT INFORMATION

Donor Individual or Donor Corpor	ration Name (s)	
Mailing Address		
City, State, Zip:		
Phone	Email	
Donor Name/Corporation as it sho	ould appear for recognition	nain anonymous
This section must be completed and sign	PTION OF DONATED ITEM ned by the donor es. If donation is a vehicle, you must include year, m	ake/model, mileage, and V.I.N. #)
Fair Market Value as determined Donor Statement of Value \$	<u>_ · · </u>	ed
Intended Use of Donation: (Instruct	tional purposes for specific program)	
Donor Signature	Printed Name	Date
(Office use only below line)		— — —
Approvals: Signature (Department	nt Dean)	Date
Signature (Associate V	Vice President, Development & External Affairs)	 Date