



## **Gifts In Kind Form** **(Non-Vehicles)**

Please complete this form when accepting Gift In Kind (excluding vehicles). When complete, please return to the Foundation Offices, Marietta Campus, A2102.

### **Donor Info**

**Donor Name/Organization:** [Click here to enter text.](#)

**Contact Name** (if organization): [Click here to enter text.](#)

**Donor Address:** [Click here to enter text.](#)

**Donor Phone #:** [Click here to enter text.](#)

**Donor Email:** [Click here to enter text.](#)

### **Gift(s) Info**

**Date of Gift:** [Click here to enter a date.](#)

**Item(s) Donated:** [Click here to enter text.](#)

**Quantity:** [Click here to enter text.](#)

**Description** (including model and serial number if applicable): [Click here to enter text.](#)

**Fair Market Value:** [Click here to enter text.](#)

**Type of Donation:**  Goods  Services

**Condition of item(s):**  New  Used:  Excellent  Good  Fair

**Program Gift in Kind will benefit:** [Click here to enter text.](#)

**Location (campus and room/storage area number) of Gift In Kind:** [Click here to enter text.](#)

### **Foundation Use Only**

*Date Received by Foundation Office:* [Click here to enter a date.](#)