

COLLEGE *for* Creative STUDIES

IN-KIND DONATION FORM

DONATED BY *full name of individual, corporation, foundation or organization*

DATE OF DONATION

CONTACT PERSON *person's name and title if gift is from a corporation, foundation, or organization*

TELEPHONE NUMBER

MAILING ADDRESS

EMAIL ADDRESS

FAX NUMBER

.....
DONOR'S DESCRIPTION OF GIFT

DONOR'S SIGNATURE

DONOR'S ESTIMATED VALUE

.....
PURPOSE OF DONATION *as stated by donor*

RESTRICTIONS, IF ANY *as stated by donor*

NAME OF CCS PERSONNEL RECEIVING GIFT

SIGNATURE OF CCS PERSONNEL RECEIVING GIFT

SIGNATURE OF AUTHORIZED CCS PERSONNEL

CCS DEPARTMENT

GIFT ACKNOWLEDGEMENT BY DEPARTMENT? *circle one* YES NO

.....
PLEASE GIVE ONE COPY TO YOUR DONOR, ONE COPY TO DEPARTMENT AND ORIGINAL FORM TO INSTITUTIONAL ADVANCEMENT

THANK YOU FOR YOUR DONATION!