

IN-KIND GIFT DONATION FORM AND RECEIPT

The following information is requested from the donor:

Donor Name/Business Name: _____

Address: _____

City, State Zip: _____ Phone: _____

Description of proposed in-kind donation (***Please be specific***): _____

Special directions or information concerning the above donation (***Please be specific***): _____

Total Estimated Value: \$ _____ (*As established by donor.*)

Donor Signature: _____ Date: _____

Thank you for your support of Blue Mountain Community College

Tax Statement: No goods or services have been received in exchange for this in-kind contribution. Your donation may be tax deductible; please check with your accountant or tax advisor. If your kind gift is accepted, you will receive a copy of this form for your records.

To be completed by Department accepting/rejecting donation

Department _____ concerning ability to use donation dated _____

Accepted Rejected by Department

IF ACCEPTED, department please sign and date:

Physically Accepted by College by: _____ Date: _____

Service is Accepted by College by: _____ Date: _____

To be completed by President's office

Thank you letter sent to Donor by President Date: _____

Original form and copy of donor letter forwarded to the Finance Dept.
to record donation into fixed asset inventory system. Date: _____

IF REJECTED

Letter sent to Donor by President thanking them but refusing item/service. Date: _____