



EST. 1913

OLDS COLLEGE

Gift-in-Kind Donation Form

OLDS COLLEGE

Donor Information	Donated for Use by
Receipt to _____	Department _____
Contact person _____	Program _____
Email _____	Approval by Dean _____
Address _____	Ship to _____
_____	Attention of _____
Phone _____	Date Received _____
Fax _____	Location of asset _____
Anonymous gift? <input type="checkbox"/> Yes <input type="checkbox"/> No	Solicited by _____
Term of Loan _____ to _____	<input type="checkbox"/> Operating Donation <input type="checkbox"/> Capital Donation
Renewal/Return details _____	Purpose of Donation _____
_____	_____
Multiple Year Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restrictions on Use _____
If yes, what year? _____ Out of? _____	_____
_____	_____
_____	_____

DONATED ITEMS

Item	Quantity	Description & Serial No.	Value to Donor	Assigned Value (avg. appraisal)
1				
2				
3				
4				
TOTAL				

APPRAISALS (not applicable if issuing a Non-Charitable Receipt)

Item 1	Item 2	Item 3	Item 4	Item 5	Item 6
by:	by:	by:	by:	by:	by:
value:	value:	value:	value:	value:	value:
by:	by:	by:	by:	by:	by:
value:	value:	value:	value:	value:	value:

OFFICE OF ADVANCEMENT USE ONLY

Date Receipt issued:	Charitable: #	Non-Charitable: #
Receipt Amount:	Date Thank you letter sent:	