



(To be completed by donor)

Please complete the information below so that we may have an accurate record of your gift.

First Name		Last Name		Title
Company Name (if applicable)				
Street Address			P. O. Box (if applicable)	
City	State	Zip		
Email	Phone	Website		

Brief Description of Items/Services Donated:	Estimated Fair Market Value by Donor:
<p>(If additional space is needed, please complete on back or attach supporting materials.)</p>	

Print Name	Signature	Date
Print Name of Gaston College Foundation Contact	Signature	Date

Form Updated 8/26/2019