

## Gift in Kind Contribution Form

(To be completed by donor)

**Donor Information:** 

Thank you for your gift-in-kind to Gaston College through the Gaston College Foundation. Your generosity supports our mission to promote student success and lifelong learning in response to economic and workforce development needs.

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

First Name	Last N	ame	Title	
Company Name (if applicable)				
Street Address	P. O. Box (if applied		able)	
City	State	Zip		
Email	Phone	Website		
<b>Donation Information:</b> We donate the following to the Gaston College Fo College.	oundation as an outright and	unconditional gift to be us	sed at the discretion of the Four	ndation for th
Brief Description of Items/Services Donated:  (If additional space is needed, please complete Please consult your tax attorney if the value of your of thems (or groups of similar items) valued at \$5	our donation exceeds \$500.00	ng materials.) D and you intend to claim	Estimated Fair Market Value by a tax-deduction. The IRS requi	
Print Name	Signature		Date	
Print Name of Gaston College Foundation Contact	Signature		 Date	