

# Gift-in-Kind Donation Form

Date \_\_\_\_\_

**Please fill out this form completely and accurately** with all available information and details. **Please print carefully.** Legibility is essential for our records and for report accuracy. Donor's name must be printed exactly as you would like it to appear in publications.

Name of Donor \_\_\_\_\_ Contact Person \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone (     ) \_\_\_\_\_ Evening Phone (     ) \_\_\_\_\_

Description of the Donation \_\_\_\_\_

\_\_\_\_\_

Estimated Retail Value \$ \_\_\_\_\_

Restrictions, if any \_\_\_\_\_

\_\_\_\_\_

Pick Up instructions \_\_\_\_\_

***For NVC/Office of Institutional Advancement (OIA) Use Only***

NVC Department to receive gift: \_\_\_\_\_

Accepted by:

( ) NVC Department Chair \_\_\_\_\_ Date: \_\_\_\_\_

( ) NVC Superintendent/President Date: \_\_\_\_\_ ( ) NVC DAS Date: \_\_\_\_\_

Item received on:

Item received by:

**Thank you from Napa Valley College District Auxiliary Services (DAS)!**