

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)!