

Gift In Kind Donation Form

Name as you would like to	be recognized:		
Contact (If other than donor):		Phone:	Fax:
Address:		E-mail:	
City/State:	Zip:		
Description of donated it	tem:		
Restrictions or conditions	s that may apply to c	donated item:	
Gift Certificate Att	tached Expiration	n date:	(If unspecified, 1 year after purchase
Instructions re: Delivery	/ Pickup of Donation	on (Indicate location / date /	' time):
	-		,
EQUIDED INCODMATION:			
EQUIRED INFORMATION.			
* Donor's Estimate of V	Value * \$		
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The fine print: The Santa Rosa Junior College Foundation is a nonprofit organization under section 501 (c)(3) of the Internal Revenue code; therefore, your donation may be tax deductible as allowable by law. Tax ID #94-1735861 * Guidelines established by the IRS do not permit us to provide you with an estimated value of your contribution. PLEASE RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS. Thanks you for your gift.

Complete information, print form, sign & date, and return to the Foundation for processing.

Print an additional form to retain for your records.