

## Gift in Kind

Please complete the following information to ensure we record and acknowledge the gift in-kind donation properly. Thank you for choosing to make a donation of goods and/or services to Wayne Community College.

| DONOR INFORMATION:                                       |  |   |
|--|--|---|
| Date:  |  |   |
|  |  |   |
|  |  |   |
| Address:   |  |   |
|  |  |   |
| Phone:   |  |   |
| Email:   |  | <del></del>                                 |
|  |  |   |
| IN-KIND DONATION:  |  |   |
| Brief Description of Donation (Quantity and Description) |  | cal Gift \$ Value(s)<br>(Fair Market Value) |
|  |  | \$  |
|  |  | \$  |
|  |  | \$  |
|  |  | \$  |
|  |  | \$  |
|  | Total  | \$  |
| Type of Donation: □                                      |  |   |
| Condition of Item(s):                                    | ⊒ New □ Osea   |   |
|  |  |   |
| OFFICE USE:  |  |   |
| WCC representative receiv                                | ing gift:  |   |
| Program or Department a                                  | ing gift:<br>WCC receiving gift:                         | <del></del>                                 |
| υ την τ  | 00 -   |   |
| If you have questions or n                               | ed assistance in completing this form, please call the F | oundation of WCC.                           |
|  |  |   |
| Please return the completed for                          | rm to:   |   |
| The Foundation of WCC                                    | Phone: (919) 739-7007                                    |   |
| 3000 Wayne Memorial Drive<br>Goldsboro, NC 27534         | Tax ID #56-1556512                                       |   |
| Email: wcc-foundation@waynecc.e                          | u  |   |