

In Kind Donation:

Company Name: _____

Contact Person: _____

Address (line 1): _____

Address (line 2): _____

City, State, ZIP: _____

Phone Number & E-Mail: **Phone:** _____ **E-Mail:** _____

Description of Property: _____

Model Number: _____

Serial Number: _____

Estimated Value (as determined by donor): \$ _____

Authorized Donor Signature: _____

Date: _____

Authorized FVTC Staff Signature: _____

Date: _____

Donation Use: _____

FVTC Inventory # (if applicable): _____ *The Foundation will work with the College to assign this number.*

The above described property was received by the FVTC Foundation, Inc. on _____ (date) and transferred to:

Campus: _____ Department: _____ Room: _____

Attach copies of any written agreements between the owner of the property and Fox Valley Technical College and any documentation supporting replacement cost and rental cost values.

Please return this form to: FVTC Foundation, Inc.
1825 N. Bluemound Drive
PO Box 2277
Appleton, WI 54912-2277