

Greenfield Community College Foundation, Inc.
GIFT-IN-KIND FORM

Name of person completing form _____		Date _____
Name of donor _____		
Company _____		
Address _____		
_____ (city)	_____ (state)	_____ (zip)
		Phone _____
Value of gift (to be determined by donor): _____		Date of gift _____
Description of gift _____		

Please explain the way in which the equipment functions:

Please indicate how donation will benefit the college.

Will GCC or the Foundation incur any additional cost as a result of accepting this gift (e.g., installation costs, maintenance, supplies)? Yes No

If yes, please explain.

Will donor provide transportation of goods to GCC? Yes No

Please return this form to the GCC Foundation,
270 Main Street, Greenfield, MA 01301
Questions? Call (413) 775-1600

_____	_____
Dept. Head	Date
_____	_____
Dean of Administrative Services	Date
_____	_____
Director, GCC Foundation	Date
_____	_____
Date of acceptance	Date of acknowledgement