

Gift In-Kind Contribution Record

PART ONE - TO BE COMPLETED BY DONOR:

DATE: _____

COMPANY NAME: _____

CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

VALUE OF IN-KIND CONTRIBUTION: \$ _____

BRIEF DESCRIPTION OF PRODUCT AND/OR SERVICE: _____

DESIGNATED FOR:

_____ ANNUAL FUND

_____ SPECIAL EVENTS

_____ DEPARTMENT _____

_____ OTHER (PLEASE SPECIFY) _____

SIGNED (DONOR): _____ DATE: _____

As the recipient, the College cannot assign a value for the donor's use. It is the donor's responsibility to obtain an independent appraisal (appropriate value) for tax deduction purposes. However, for record keeping purposes, if the donor has not provided a value, it would be very helpful if someone familiar with the type of item that has been donated could estimate a value or the value of its use.

PART TWO - TO BE COMPLETED BY CAMPUS CONTACT:

SPECIAL REQUIREMENTS: _____

_____ FACILITIES _____ ITS

DEAN _____ DATE _____ PROVOST _____ DATE _____

PART THREE - TO BE COMPLETED BY OFFICE OF COLLEGE ADVANCEMENT:

VP BUSINESS AND FINANCE _____ DATE _____ VP DEVELOPMENT _____ DATE _____

Keep a copy for your reporting purposes and forward the original with supporting documents to:
SUNY Cobleskill Office of College Advancement
106 Suffolk Circle, 228 Knapp Hall
Cobleskill, NY 12043