

Gift-in-Kind Form



Development Contact and Beneficiary Information

Responsible Division and Program or Department : _____

Responsible Department or Program Contact: _____

Development Officer or Foundation Representative: _____

Foundation Account Number: _____ Foundation Account Name: _____

Donor Information

Individual/Company Name: _____

Contact Person Name (for Companies only): _____

Address: _____

Phone Number: _____ Email Address: _____

Please write how the donor's name should appear in any recognition: _____

Anonymous Gift No Public Recognition

Gift Information

Description	Campus	
Make	Building	
Model	Room	
Serial Number	Department	
Value	BRCC Contact	

Date Gift Received: _____

Gift Intent: Inventory & Utilize Sell & Liquidate

Useful Life: Months _____ Years _____ Estimated Fair Market Value: \$ _____

Donor Recognition credit Legal Credit

*Items required at over \$5,000 require a qualified appraisal for the donor to receive tax credit.

Notes: _____

College Approval

By signing this form, the representatives below acknowledge and authorize the gift-in-kind above.

Division or Program Dean or Director: _____ Date: _____

Provost & VC for Workforce and Student Development: Sarah Barlow _____ Date: _____

VC for Finance and Administration: Corlin LeBlanc _____ Date: _____

BRCC Chief Information Officer: Ronald Solomon _____ Date: _____
(only if I.T. support will be needed for the gift)

Foundation Services

Office of Financial Service/ Facilities Date Sent : _____ Date of Gift Entry in Raiser's Edge _____