



## Authorization for Gifts-In-Kind

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PROGRAM/DEPARTMENT: \_\_\_\_\_

PROGRAM/STAFF CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

THE FOLLOWING ITEM(S) WERE DONATED TO ROCHESTER COMMUNITY AND TECHNICAL COLLEGE TO BE USED FOR INSTRUCTIONAL PURPOSES. (PLEASE DESCRIBE):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE ESTIMATED FAIR MARKET VALUE OF THE DONATED ITEM(S): \$ \_\_\_\_\_  
Value to be determined by donor or independent appraiser.

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**DONOR INFORMATION:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF GIFT: \_\_\_\_\_

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**COLLEGE AUTHORIZATION:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PROGRAM INSTRUCTOR/FACULTY

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
DEPARTMENT DEAN

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
FOUNDATION DIRECTOR

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This form is to be completed upon acceptance of any gift-in-kind.

One Copy – Donor

One Copy – Department

One Copy – RCTC Foundation Office