



Authorization for Gifts-In-Kind

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.

DONOR INFORMATION:

NAME: _____ TITLE: _____

COMPANY: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DATE OF GIFT: _____

COLLEGE AUTHORIZATION:

Signature: _____ Date: _____
PROGRAM INSTRUCTOR/FACULTY

Signature: _____ Date: _____
DEPARTMENT DEAN

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

One Copy – Donor
One Copy – Department
One Copy – RCTC Foundation Office