Keene State College
Gift In-Kind Form

To be completed in-full by KSC Staff Member

It is recommended that consultation with the Development Office occur prior to gift acceptance.

Donor or Business Name: _____

Business Contact (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Affiliation: ☐ Alumnus ☐ Faculty ☐ Staff ☐ Friend
☐ Parent ☐ Current Student ☐ Foundation
☐ Business ☐ Other Organization _____

Gift Description (dimensions, condition, etc.): _____

_____

_____

_____

Value: $ _____ Valued by: □ Donor's estimate (attach itemized invoice)
□ Independent appraiser (attach appraisal)
□ Estimate by KSC personnel
Name:_____
□ Other basis for valuation

Department/Area of College receiving gift: _____

Acceptance and disposition of donations are governed by the policies of KSC. If the gift will not be delivered to the College, a transportation agreement could be established.

FOR OFFICE USE ONLY:
KSC Staff/Faculty Member Accepting Gift – **REQUIRED***

Name: _____ Phone: _____

Signature: _____ Date: _____

Notes: _____

_____

*This form must be completed in-full and signed by the staff member accepting the gift before the form is sent to the Gifts Processor. Gifts Processor does not have authority to accept in-kind donations and the form will be returned for proper authorization if not properly completed.

FINAL APPROVAL:

Director of
Development: _____ Date: _____

Send to: KSC Advancement Services – Gifts Processor
229 Main Street
Keene, NH 03435-2701
Phone: 603-358-2375 Fax: 603-358-2400