

MEDICAL COLLEGE *of Georgia* FOUNDATION



Gift-In-Kind Transmittal Form

Date _____

Prepared By _____

Department _____

Phone Number _____

E-Mail _____

Donor Information

Donor Name _____

Donor Address _____

Donor E-Mail _____

Phone Number _____

Gift Information

Description of Donated Item(s) and Purpose

.....

Dollar Value of Donated Item(s) _____

Were any goods or services exchanged relating to this donation? Notable goods and services include, but are not limited to; exhibit fees, charity tournaments, sport physicals or fees for personal services.

Yes
 No

.....
If Yes, the donation will be processed as a non-deductible contribution. Please provide a brief description of the good(s) or service(s) exchanged and the amount of the donation that is non-deductible:

.....
The donor will receive an acknowledgement letter from MCGF stating that the donation was received free from any goods, services or obligations on the part of MCGF, GRU and GRHS.

Please send this form and donation(s) via inter-campus mail to the MCG Foundation, located at 545 15th Street.

This form is for the exclusive use of the Medical College of Georgia Foundation. Any questions concerning management of funds, disbursements or reimbursement of expenses can be directed to the Medical College of Georgia Foundation, 706-823-5500.