

Gift-In-Kind Donation Form

	Donor Information		
Name(s):		-	
Street Address:			
City:			Zip:
Phone:			
Date:	Gift Information		
Description of Item(s) or Service(s):			
Estimated value: \$			
Check one:			
Donor statement of value	Appraisal attached		Receipt attached
Donated to:(Ex	xample: College of Letters & So	viences)	
Donor signature:			
My gift-in-kind's estimated worth is \$500 c			tion to claim this donation.

Office use only:
University of Wisconsin-Whitewater faculty/staff signature:

Return to: UW-Whitewater Foundation, Inc. 800 W Main St, Alumni Center Whitewater, WI 53190

(262) 472-1105