



Gift-In-Kind Form

Donor: _____ Date: _____

Address: _____

Telephone: _____ Fax: _____

If Company, Contact Name: _____ Title: _____

Item Description (please be as specific as possible): _____

Value as state by Donor: \$ _____

Donor Signature: _____

Department receiving item: _____

Signature of Department Supervisor: _____

Return completed form to:

**University of West Georgia Foundation, Inc.
Alumni House
1601 Maple Street
Carrollton, GA 30118
678-839-6582
Fax: 678-839-4114**