

# MEDICAL COLLEGE *of Georgia* FOUNDATION



## Gifts-In-Kind Transmittal Form

Date \_\_\_\_\_  
Prepared By \_\_\_\_\_ Phone Number \_\_\_\_\_  
Department \_\_\_\_\_ Email \_\_\_\_\_

### Donor Information

Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_  
Address \_\_\_\_\_ Phone (Cell) \_\_\_\_\_  
City, State ZIP \_\_\_\_\_ Email \_\_\_\_\_

### Gift Information

Type of Gift \_\_\_\_\_ Est. Value \_\_\_\_\_  
Condition \_\_\_\_\_ Source of Value \_\_\_\_\_

Description of Donated Item(s) (please include Serial Number, Model Number, Brand, etc.)

Please describe any restrictions placed on the acceptance of this gift

Were any goods or services provided in exchange for this gift? (if yes, please explain)  Yes  No

### MCG Foundation Use Only

\_\_\_\_\_  
President/CEO Signature Date COO/CFO Signature Date

Please submit this form and any necessary supporting documentation to MCG Foundation located at 720 St. Sebastian Way, Suite 150, Augusta, GA 30901 (Attn: Accounts Payable). MCG Foundation's Gift Acceptance Policy can be found at <https://mcgfoundation.org/policies-and-forms/>. For all other inquiries, please contact the MCG Foundation Accounting Department at (706) 823-5503.