

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

Type of Gift In-Kind _____

Description of Donated Item(s) and Purpose *(include: Serial and Model Number, Brand, etc.)*

Approximate Value _____ Source of Value _____

Condition of Gift _____

Restrictions: Yes No

If yes:

Were any goods or services provided in exchange for this gift? Yes No

If yes:

Please submit this form to MCG Foundation at 720 St Sebastian Way Suite 150 Augusta, GA 30901 (Attn: Gift Processing)

Contact the MCGF Accounting Department with any questions: (706) 823-5500

Please refer to our Gift/Contribution Policy for additional details located on our website, mcgfoundation.org

Acceptance of Gift

MCGF President / CEO

Date