

In-Kind Donation Acceptance Form

Date:

Submitted By:

Ext:

Department:

Organization:

Donor Information

Donor Name:

Address:

City:

State:

Zip:

Phone:

Email:

Donation

Value:

Description:

Program Information

Program to use in-kind donation:

Describe how and when will this in-kind donation be used:

****Any documentation from the donor or about the donation (including solicitation letter) must be included with the deposit. Please send this completed form to SJECCD Foundation at District Office.**

** Foundation Use Only**

Received By:

Date:

Date Letter Sent: