

Laramie County Community College Foundation
IN-KIND GIFT ACCEPTANCE FORM
For the benefit of Laramie County Community College

Donor Information

Donor Name: _____ Contact Name: _____

☐ Anonymous Gift

(If donor wishes to remain anonymous, we still must have name and address on form. It will remain confidential).

Address: _____

City, State, Zip: _____

Business Phone #: _____ Residence Phone #: _____

Description of gift: _____

Donor's Estimated Value of Gift (*College/Foundation cannot estimate the value of a gift*): \$ _____

Proposed use and benefit of gift: _____

The Donor acknowledges that the item(s) is/are to be used to benefit the mission of Laramie County Community College reserves the right to sell or otherwise dispose of this item (or items) when no longer useful for intended purpose. (*Donor, please initial*): _____

Donor Signature: _____ **Date:** _____

The LCCC Foundation is receipting this donation on behalf of LCCC.

For LCCC Internal Use

Department receiving gift: _____

Physical Inspection of gift completed: N/A Inspected by: _____ Date: _____

Related costs or needs associated with gift (installation, maintenance/repair contracts, etc.) as determined by division/department and/or Director of Physical Plant: _____

Faculty/Staff Initials: _____ *Dean's Initials:* _____ *Physical Plant Initials:* _____

Are related costs budgeted in Division/Department? _____

Approval from LCCC Purchasing Department: _____

☐ A completed and approved [Pre-Procurement Collaboration Form](#) is attached

☐ A Pre-Procurement Collaboration Form is not needed

Additional Comments: _____

Date: _____

Faculty/Staff Member Reviewing /Justifying Gift

Date: _____

Area/Division Director/Dean

Date: _____

Vice President of Division

Date: _____

LCCC President

Date: _____

VP, Advancement

Please explain how this item will be used, how it will benefit your students, where you will store it, and any other pertinent information.