



IN-KIND DONATION FORM

Donor Name and/or Business Name

Mailing Address, City, State, Zip

Donation Authorized By

E-Mail Address

Daytime Phone

Website

Fax Number

Describe donation in detail. *Please be complete (i.e., quantity, size, color, etc.). Please attach any additional information.*

Restrictions *(if applicable)*

In-Kind Donation

- Product
 Service

For the Benefit of (Department, Event, or Scholarship):

DONOR STATED VALUE (Required)

SIGNATURE OF DONOR (Required) Date

***Thank you for your support of
Seattle Central College!***

Tax ID: 91-1037870

Please return form to:

Seattle Central Foundation

Attn: Advancement Services Manager

1701 Broadway, BE4180 • Seattle WA 98122

Phone: 206.934.5491 • Fax 206.934.4390

foundation.central@seattlecolleges.edu

For Foundation Use Only:

Received Date:

By: