

IN-KIND CONTRIBUTION FORM

Thank you for making an in-kind donation to Palo Alto College. This form will help us record and acknowledge your generous gift. If you require additional information, please contact Cristina Aldrete, Office of Institutional Development, 210-486-3733 or caldrete5@alamo.edu.

Please keep a copy of this document for your records.

Donor Name:	Date:	·
Company/Organization:		
Donor Address:		
City, State, Zip:		
Donor Phone:	Email:	
DESCRIPTION OF DONATED ITEM(S): Please be as specific as possible.		
•	ion. If a non-cash contribution exceeds \$500, the ta the Alamo Colleges Foundation, Inc., a tax-exempt of	. ,
PICK-UP OR DELIVERY:		
Will donated items be delivered? Y		
If yes, please give a copy of this for	m to the receptionist upon delivery of	of item(s).
If yes, please have person picking u	requesting organization? Yes up sign this form here: Date	
OFFICE USE ONLY When the item arrives, please conta	act Carmen Velasquez, Student Engag	ement Office for instructions.
Requesting student organization: _		
Where are items stored?		
Intended use/s):		