

VCC Foundation Signature

## Gift-in-kind Donation Form

**VCC** Foundation

1155 East Broadway, Vancouver, B.C. V5T 4V5

p: 604.871.7147 e: give@vcc.ca vcc.ca/foundation

Donor Information				
Full Name	Organization name (if thi	Organization name (if this gift is made by the organization)		
Address	City	Province	Postal code	
Phone	Email			
Gift Information				
Gift description (e.g., Item, quantity, serial number etc.)				
Gift value: (Please attach documentation to support the Fair M	larket Value)			
Gift purpose: $\square$ I acknowledge this gift may be u	sed for educational and/or non-ed	ducational purposes		
Tax Receipt *				
Tax receipt request (select one): Yes N *VCC Foundation accepts gifts and gifts-in-kind in accordance	***************************************	C's internal policies.		
Donor Recognition				
☐ I wish to be recognized as:		(if different than above. e.g.	, The Smith Family)	
☐ I wish to remain anonymous				
☐ This gift is ☐ in memory of ☐ in honour of (pl	ease specify):			
Approved by				
Donor Signature (type name, or print and sign)	Date			
VCC Dean Signature	Date			

Date