



3093 Colonial Ave SW
Roanoke VA 24015

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Gift In-Kind Value Statement Form

Donor Information

Donor: _____

Organization: _____

Address: _____

City, State ZIP: _____

Phone: _____ Fax: _____

Email: _____ Signature: _____

VWCC Affiliation

- Faculty/Staff
- Alumna/Alumni
- Corporation/Foundation
- Parent
- Friend
- Virginia Western
Community College
Educational Foundation

Item/Services Donation and Valuation

The above Donor is supporting the Educational Foundation through the gift(s) itemized below. Which specific fund, project or College program/unit does this gift benefit? *If you wish to support the College's general operations, write Unrestricted.*

Product/Services donated *Per IRS regulations please itemize, using back of sheet if necessary.*

Please Note: Gifts with an estimated value of over \$5,000 or more must be independently appraised, and an IRS Form 8283, Section B, Part IV, must be completed.

**Fair
Market Value**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If applicable, Sponsorship Benefits are listed on the attached Sponsorship Levels Form. Additions/special notes:

Approvals

Program Head/Dean Authorized Signature* _____ Date _____

Vice President Authorized Signature* _____ Date _____

Vice President of Financial & Administrative Services* _____ Date _____

College President** _____ Date _____

Virginia Western Community College Educational Foundation _____ Date _____

Receipt/Transfer

Signature indicates acceptance and transfer if property is intended for College use.

Received by _____

Location/Date _____

*If property is intended for College use. ** If deemed appropriate per gift.