



MEDICAL COLLEGE OF GEORGIA FOUNDATION, INC.

Gift –In-Kind Transmittal Form

Date:

Department Receiving the Gift:

(include department account to be credited)

Department Contact Person:

Phone:

Fax:

Donor Name:

Contact Name/Title:

ADDRESS

Telephone:

Donated Item(s) and Purpose

Dollar Value of Donated Item(s):

Item(s) will be used as follows:

Instruction

Research

Other

Billing Required?

Financial Reports Required?

Other Requirements?