



Gift-In-Kind Donation Form

Donor Information

To be completed by the donor

Donor Name: _____
Address: _____
Phone: _____ Email: _____

Gift Information

To be completed by the donor

Detailed Description of Gift (attach extra pages if necessary)

Donors Estimated Value of Gift \$ _____

Donor Signature

Date

Ellsworth College Foundation Representative

Representative

Purpose of Gift: _____

Designation: _____

Ellsworth College Foundation Representative

Date

1100 College Avenue • Iowa Falls, IA • 50126

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