

Gift-In-Kind Form

Please Print and Mail Completed Form to
Office of Institutional Advancement
Georgetown College
400 East College Street
Georgetown, KY 40324

Date: _____

Donor's Name: _____

Address: _____

Phone No: _____ Email: _____

Description of Gift(s):

Date gift was received: _____ By: _____

Title: _____
Georgetown College

Estimated value of the Gift(s):

\$ _____ Donor's _____
College's _____

\$ _____ Donor's _____
College's _____

Signature: _____
Donor

Representative of the College

Please print name

Please print name

If you have any questions please give us a call at (502) 863-8089 and we will be happy to assist you.