



Gift-in-Kind Form

Donor: _____ Date: _____

Address: _____

Email: _____

Telephone: _____ Fax: _____

If Company, Contact Name: _____ Title: _____

Item Description (please be as specific as possible): _____

Value as stated by Donor: \$ _____

Donor Signature: _____

Department receiving item: **UWG Athletic Foundation, Inc. (F0902)**

Signature of Executive Director: _____

Return completed form to:

UWG Athletic Foundation, Inc.
c/o: Matthew Clay
University of West Georgia
1601 Maple Street
Carrollton, GA 30118

678-839-1877
Fax: 678-839-6538