



Donations of Material and Equipment

DONOR INFORMATION

Donor Name: _____

Address: _____

City/ST/ZIP: _____

Contact Person: _____ Phone: _____

ITEM INFORMATION

Type of Equipment/Material: _____

Make/Model: N/A _____

Serial Number: N/A _____

Description: _____

Quantity: _____ Item Value: \$ _____

Total Value: \$ _____

GRCC INFORMATION

Budget Control Officer:	
Program/Department:	Grand Rapids Community College Foundation
Course/Curriculum:	
Required GRCC Costs:	N/A
Received by:	
Date:	

TOTAL	\$ _____
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