

## Material Donation Form

DONOR INFORMATION	
Donor Name:	_____
Address/City/St/Zip:	_____
Email and Phone:	_____
Contact Person:	_____
ITEM INFORMATION	
Type of Equipment/Material:	_____
Make/Model:	_____
Serial Number:	_____
Description:	_____
Quantity:	_____ Item Value: _____
Total Value:	_____
GRCC INFORMATION	
GRCC contact for donation:	_____
Program/Department:	_____
Course/Curriculum:	_____
Required GRCC Costs:	_____
Approved by (BCO or Dean):	_____
Date:	_____
<b>TOTAL</b>	_____