



# GIFT-IN-KIND CHARITABLE CONTRIBUTION AGREEMENT

Gift In-Kind are item(s) that are donated or service(s) rendered to Brooks DeBartolo Collegiate High School with no goods or services given to the donor in exchange. Prior to making negotiations and/or accepting a gift, please seek approval from the Director of Development (DOD); the Principal and Assistant Principals will serve as back-ups. Once accepted, the donated item(s) become the property of BDCHS, which retains the right to dispose of a gift-in-kind as it sees fit, unless another arrangement has been made with the donor. All other arrangements will be writing and placed as an addendum to this agreement.

The undersigned DONOR agrees to contribute the following described services and/or products to Brooks DeBartolo Collegiate High School.

## I. DONOR INFORMATION (To be completed by Donor).

Mr. /Mrs. /Ms. /Dr. Full Name: \_\_\_\_\_ Suffix \_\_\_\_\_

### Company Information -

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

### Personal Information -

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Description of service(s) or item(s) to be donated:

\*Estimated Value of Donation (by donor) \$\_\_\_\_\_ Would you like this to be an anonymous gift?  Yes  No

\*(By law, it is the donor's responsibility to value the contribution and substantiate that value to the IRS.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## II. RECEIPT OF SERVICES (Completed by Team Member receiving gift.) Date received: \_\_\_\_\_

Team Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Benefit Requested in Exchange (if any) \_\_\_\_\_ Estimated Value of Benefit Exchanged \$ \_\_\_\_\_

## III. OFFICIAL ACCEPTANCE (Completed by Director of Development.) Date received: \_\_\_\_\_

Once donation has been accepted, signed copies will be distributed to Donor, Business Manager and DOD.

Estimated Value of Donation \$ \_\_\_\_\_ Estimated Value of Benefit \$ \_\_\_\_\_

Director of Development Name: \_\_\_\_\_ Signature: \_\_\_\_\_