

In-Kind & Non-Cash Contribution Form

COLLEGE INFORMATION (completed by college staff or representative of student organization)

LTC c	ontact regarding donation:	
Name: Kristy Liphart		Contact: (920) 693-1854;
	1290 North. Ave.	
	Cleveland, WI 53015	kristin.liphart@gototlc.edu
Title:	Vice President of Advancement	

DETAIL (completed by donor)

Company Name:	
Contact Person:	
Address:	
Phone Number:	

Gift Description:

Estimated Value*:	C D	(as determined by donor)
Louinaleu value.	Ψ	

Authorized Donor Signature:		Date:
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Authorized Staff Signature:	[Date:
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Attach copies of any written agreements between the owner of the property and LTC and any documentation supporting replacement costs, rental costs and appraisals.

*please note that contributions in kind valued over the amount of \$5000 will require additional forms for tax purposes.