

Gift-in-kind **Donation Form**

VCC Foundation

1155 East Broadway, Vancouver, B.C. V5T 4V5 e: give@vcc.ca vcc.ca/foundation

Donor Information		
Full Name	Organization name (if this gift is made by the organization)	
Address	City	Province Postal code
Address	City	FIOVILICE POSTAL CODE
Phone	Email	
Gift Information		
Gift description (e.g., Item, quantity, serial number etc.)		
one description (e.g., tern, quartery, serial number ecc.)		
Gift value: (Please attach documentation to support the Fair Market Value.		
Gift purpose: \square I acknowledge this gift may be used for ϵ	educational and/or non-education	nal purposes
Tax Receipt *		
Tax receipt request (select one): Yes No		
*VCC Foundation accepts gifts and gifts-in-kind in accordance with the	Canada income Tax Act and VCC's intern	al policies.
Donor Recognition		
Luich to be recognized as:		(if different them along a sure of the Conith Founity)
I wish to be recognized as:		(II allrerent than above. e.g., The Smith Family)
☐ I wish to remain anonymous☐ This gift is ☐ in memory of ☐ in honour of (please specific place)	ocify).	
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Approved by		
Donor Signature (type name, or print and sign)	Date	01/2
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VCC Dean Signature	Date	072 DEF
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VCC Foundation Signature	Date	8