

VIRGINIA ASSOCIATION OF COLLEGES & EMPLOYERS

Record of Gift(s)-in-Kind

For all gifts-in-kind to the Virginia Association of Colleges & Employers please provide the following information:

Date _____

Name of Contact Person(s) _____

Name of Organization _____

Address _____

Phone _____

Nature of in-kind gift(s):

- | | | | |
|-------------------------------------|-------|--|-------|
| <input type="checkbox"/> Postage | _____ | <input type="checkbox"/> Printing | _____ |
| <input type="checkbox"/> Travel | _____ | <input type="checkbox"/> Accommodations | _____ |
| <input type="checkbox"/> FAX | _____ | <input type="checkbox"/> Office Supplies | _____ |
| <input type="checkbox"/> Phone | _____ | <input type="checkbox"/> Gift/honorarium | _____ |
| <input type="checkbox"/> Door Prize | _____ | <input type="checkbox"/> Other | _____ |

Comments or description of "other" gift(s): _____

Purpose of gift(s): _____

Total Value of Gift(s)-in-kind: \$ _____