

PROPOSAL FOR ACCEPTANCE OF GIFTS

Subject: Request for acceptance of gift to foundation Receipt Number Proposed Donor Company Street Address or P.O. Box City State Zip Code Description of Proposed Gift (Include statement of condition and attach additional information as needed) Criteria or Restrictions for Acceptance (if any) Criteria or Restrictions for Acceptance (if any) In Honor or Memory of (if appropriate) Date gift will be placed in service (non-cash only) Estimated Value of Proposed Gift For internal reporting purposes only-No employee of Walters State Community College is authorized to represent the value of a gift or proposed gift to form or proposed gift to fo		1	NSCC Policy	y 05:14	4:00 (see reverse)	
(Originator) Approved (Signature of Division Chair or Administrative Officer) Date:	To: N	Vice President for College Advancement			via:	
(Originator) Approved (Signature of Division Chair or Administrative Officer) Date:	From:					
Subject: Request for acceptance of gift to college FOAP Number Proposed Denor Company Street Address or P.O. Box College Oily State Zip Code Description of Proposed Gift (include statement of condition and attach additional information as needed) College Criteria or Restrictions for Acceptance (if any) Criteria or Restrictions for Acceptance (if any) Date gift will be placed in service (non-cash only)		(Originator)				
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Vice President for College Advancement President	Approva	Is				
		Vice President for College Advanceme	ent		President	

Vice President for Business Affairs

Chancellor (as appropriate)

WSCC 03703-65501 Rev. 6/15

WHITE - College Advancement; PINK - Vice President for Business Affairs; YELLOW - Originator