

IN-KIND DONATION FORM

INFORMATION Donation:		
Donor Name:		
Company Name:		
Donor Address:		
City:		
Phone #:	Fax #:	
Email Address:		
DCTC Program Donated to:		
DCTC Program Account Code:	DCTC Contact:	
Proceeds from this donation are used for:		
□ Scholarships		
☐ Student Training Needs		
☐ Emergency Grants		
□ No-Interest Student Loans		
□ General Endowment		
☐ Training Equipment		
□ Supplies		
□ Curriculum		
Donor Signature:		Date:
DCTC Dean Signature:		Date:
DCTC Foundation Director:		Date:

Remit form to: DCTC Foundation, Attn: Tharan Leopold, 1300 145th Street E., Rosemount, MN 55068