COLLIN COLLEGE | FOUNDATION

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Collin College Contact: _____

DONOR INFORMATION

Donor Name: _____

Address: _____

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(Please estimate Fair Market Value in the space provided above.)

Collin College Foundation Representative: **Date:**

Donor Signature: **Date:**

Please return this form to: **Collin College Foundation**
3452 Spur 399, Suite 429
McKinney, TX 75069
Form may be scanned and emailed to pgregory@collin.edu with a verified e-signature

Any questions, please call: Patricia Gregory at 972.599.3146

INTERNAL USE ONLY

Please send this form to Collin College Foundation within 5 working days of receiving the product or service. If you have receipts, invoices, and have sent an acknowledgment, please attach all copies. Thank you.

Received by (*Collin College representative*): **Date:**

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