



# Mesabi Range College Foundation

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(218) 748-2433  
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## Part 1: Filled out by the Donor/Donating Organization

Date:					
Name:					
Title/Department					
Company:					
Address:					
City:		State		Zip	
Telephone Number:			E-mail:		
Cell Number:			Fax Number:		
Gift Description:					
Serial Number					
Value (As declared by the donor):	\$				
Comments:					
Signature of Donor Representative:					

## Part 2: Filled out by the Mesabi Range College Foundation Representative

Date Gift Received:	
Signature:	
Title:	