

**THE GJENVICK-GJØNVIK ARCHIVES**  
GIFT-IN-KIND CONTRIBUTION FORM



**Date:** \_\_\_\_\_

**Donor Information:**

Company Name or Donor \_\_\_\_\_  
\_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_ FAX \_\_\_\_\_

Email Address \_\_\_\_\_

**Gift Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special instructions (e.g., access restrictions, etc.):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form with your gift-in-kind to:**

The Gjenvick-Gjønvik Archives  
N91W16562 Pershing Ave, #1  
Menomonee Falls, WI 53051-2170

☐ I elect to receive reimbursement for the cost of mailing this gift in kind.

☐ I am declining reimbursement for the cost of mailing this gift in kind.

Office Use Only

Accepted \_\_\_\_/\_\_\_\_/20\_\_ by \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_