Reset Print

UNIVERSITY ADVANCEMENT IN-KIND GIFT GENERAL USE ACCEPTANCE FORM

FOR INTERNAL USE ONLY – NOT TO BE SHARED WITH DONOR

Use this form for gifts that will be used or consumed at a special event or for simple in-kind gifts (items that do not require installation, do not contain hazardous materials, etc.)

DONOR INFORMATION

☐ Donor wishes to remain anonymous

Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Donor Name: _____

Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Company Contact Name*: _____

**Applicable if donor is an organization; please note if contact is owner*

Street Address: _____

City: _____ State: _____ Zip: _____ Business Phone: _____

E-mail: _____ Cell Phone: _____ Home Phone: _____

Website: _____ Alumna/Alumnus ☐ Grad. Year: _____ Faculty/Staff ☐ Friend ☐

UNIVERSITY INFORMATION

Department Responsible for Gift: _____ Campus Zip: _____

Solicitor's Name: _____ Campus Extension: _____

GIFT INFORMATION

Date Gift *Physically* Received: _____ Value of Gift: $_____ Valuation Date: _____

Valuation Made by*: _____

**must be off-campus affiliate*

Valuation Based on*: _____

**Attach documentation (e.g. appraisal, written quote, copy of catalog prices, etc.)*

Gift Description: **Include the following details, if applicable: dimensions, material, age/year manufactured, make/model, etc.*

Annual Fund Account Number to Credit: _____ Special Event (if applicable): _____

APPROVAL

Department Chair/Unit Director: _____ Date: _____

Dean/Unit Administrator: _____ Date: _____

Assistant VP for Advancement Services: _____ Date: _____

For In-Kind Gifts not associated with a Special Event, Executive Director of Development signature is REQUIRED

Development Signature: _____ Date: _____

*Make a copy of this form for your records. Send original and **ALL** accompanying documentation to University Advancement (Zip 0155).*