

## **Gift-in-Kind Form**

### **Donor Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### **Recipient Information:**

Department Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fund Name: \_\_\_\_\_  
Solicitor: \_\_\_\_\_  
Appeal: \_\_\_\_\_

**Gift-in-Kind Description:** \_\_\_\_\_

**Fair Market Value of Gift:** \_\_\_\_\_

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

**NOTE: Verification of gift and value, such as letter from donor, invoice, etc. must be attached to this form.**