**Gift-In-Kind Acceptance Form**

Date: ________________  Prepared by: ____________________________________  Phone: ___________________

U of M College and Department to receive gift: ________________________________  Date received: ______________

### DONOR INFORMATION
Name of donor (company or individual): ______________________________________________________________
If company, contact person and title: _________________________________________________________________
Address: _______________________________________________________________________________________
Phone: _____________________________  Fax:   _____________________________________________
If value of gift exceeds $5,000 and will/may be sold-donor’s Social Security or Taxpayer Identification #:____________
Does donor wish to remain anonymous?  YES ☐  NO ☐

### GIFT INFORMATION
Description of gift (include serial #, brand, model #, etc)
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
Estimated dollar value of gift (attach documentation):  $ ________________________________
Will the donor receive any goods or services as a result of this gift? YES ☐  NO ☐
If so, indicate the value and describe what the donor will receive: ____________________________________________________________________________
If gift will be tangible property or goods, provide the proposed location of property or describe space needed (incl. dept, bldg, and room, if applicable): ____________________________________________________________________________
Cost and description, if any, for moving/delivery, maintenance/repair, other current or future expenditure requirements, etc. ____________________________________________________________________________
Would the University otherwise be required to purchase?  YES ☐  NO ☐

### RECOMMENDATION OF GIFT ACCEPTANCE:

Dept. Head  Date  Dean  Date

### APPROVAL OF GIFT ACCEPTANCE:

Assoc. Vice President for Development  Date  President (if value exceeds $5,000)  Date

*It is the responsibility of the department/college receiving the gift to gather the above information and supporting documentation from the donor. This form with all signatures and supporting documentation should then be routed to 102 Alumni Center for processing and acknowledgement.*

Additional Requirements: As outlined in University Operating Procedure No. 2A:09:03A, the acceptance of real property, testamentary gifts, capital outlays and insurance requires TBR approval. This form should be sent to the office of the Vice President for Business and Finance to coordinate that approval.

For Gift Records Use Only:  Date Received: ________________  Date Entered: ________________  Date Acknowledged: ________________