

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:

Vice President for Advancement _____ Date _____ President (if value exceeds \$100K) _____ 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 **107 Billy Mac Jones Bldg.** for processing and acknowledgement.*

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