



GIFT IN-KIND DONATION

DATE: _____

DONOR NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

PREFERRED EMAIL: _____

Description of Donated Item(s)	Qty	Value (\$) Each	Total
		Total Value*	

Which UIU department will benefit from this donation? _____

*Receipts must be attached for full gift credit. If an item is in used condition, an estimation of value can be included with the documentation. Based on this information, a letter for tax purposes will be sent to the donor. If no receipts or estimate of value is provided, a gift acknowledgment will be sent to the donor with a value of \$1 for the gift. The valuation of gifts and services is the responsibility of the donor.

Signature

Title