

GIFT IN-KIND FORM

Date:	Fo	orm Prepared By:		
Department/Academic Unit:		Phone #:		
Donor Name/Organization	Name:			
Organization Contact Nam	e (if applicable):			
Phone:	Em	ail address:		
Mailing Address:				
			l number if applicable. If the gift ach additional pages as necessary	
which is used for recogniti appraisal is required for th	on credit only. For us he completion of IRS I	ed gifts with a donor valuatio	establishes the fair market valu n of \$5,000 or greater, an indep	
Estimated value of donated	item(s):			
Value determined by:	Donor	Receipt Attached	Appraisal attached	
Donor/Representative	Name Title	Signature	Date	
AU Department Receiving Gift: Fund Name & Number: (if applicable)			_ Date:	
rund Name & Number: (II	applicable)			
Receipt of gift verified by:				
Name	Title	Signature	Date	
Please return complete	ed form to Philanth	ropy & Alumni Engageme	ent at Augusta University.	
1120 15 th Street, AD-1104, A	Augusta, GA 30912	giftprocessing@augusta.ed	<u>lu</u> (706)-721-4001	
	Foun	dation use only		-
Reviewed by:		-		
Name	Title	Signature	Date	