

GIFT IN-KIND FORM

Date:	Fo	Form Prepared By:		
Department/Academic Un	it:	Phone	e#:	
Donor Name/Organization	Name:			
Organization Contact Nam	e (if applicable):			
Phone:	Em	ail address:		
Mailing Address:				
artwork, include a descript AUF does not establish the	ion providing sufficient to providing sufficient suf	nt detail for identification. Attac . Per IRS guidelines, the donor eed gifts with a donor valuation	number if applicable. If the gift is h additional pages as necessary.) establishes the fair market value of \$5,000 or greater, an independen	
Estimated value of donated	l item(s):			
Value determined by:	Donor	Receipt Attached	Appraisal attached	
Donor/Representative	Name Title	Signature	Date	
AU Department Receiving Fund Name & Number: (if			Date:	
Receipt of gift verified by:				
Name	Title	Signature	Date	
Please return complete	ed form to Philanth	ropy & Alumni Engagemer	ıt at Augusta University.	
1120 15 th Street, AD-1104, A	Augusta, GA 30912	giftprocessing@augusta.edu	1 (706)-721-4001	
	Foun	dation use only		
Reviewed by:				
Name	Title	Signature	Date	