

## **GIFT IN-KIND FORM**

Date:		Form Prepared By:		
Department/Academic U	nit:	Pho	one #:	
Donor Name/Organization	on Name:			
Organization Contact Na	me (if applicable): _			
Phone:		Email address:		
Mailing Address:				
Description of donated it artwork, include a descrip	em(s) and purpose: ption providing suff	(Include serial number and mod icient detail for identification. At	el number if applicable. If the gift tach additional pages as necessary	is '.)
	ition credit only. For the completion of L	r used gifts with a donor valuati	or establishes the fair market valu on of \$5,000 or greater, an indep	
	ed item(s).			
Value determined by:	Donor	Receipt Attached	Appraisal attached	
Donor/Representativ	e Name Title	Signatur	e Date	
AU Department Receivin	g Gift:		Date:	
Fund Name & Number: (				
Receipt of gift verified by	:			
Name	Title	Signatur	e Date	
Please return comple	ted form to Phila	nthropy & Alumni Engagen	nent at Augusta University.	
1120 15 <sup>th</sup> Street, HS3200,	/PAE, Augusta, GA	30912 giftprocessing@augusta.	<u>edu</u> (706)-721-4001	
	Fo	oundation use only		
Reviewed by:				
Jodi R. Collins	AVP, Founda		D-1-	
Name	Title	Signatur	e Date	