Gift In Kind Donation Form

| CONTACT INFORMATION | | | | | | | | |
|--|--------------|----------|-----------|---------|-------|------|--|--|
| Company | | | | | | | | |
| First Name | | | Last Name | | Phone | | | |
| Address | ddress | | | | | | | |
| City | | Province | | Country | | Date | | |
| Postal | | E-Mail | | | | | | |
| Signature | ignature | | | | | | | |
| GIFT INFORMATION | | | | | | | | |
| ☐ Do you require a tax receipt? | | | | | | | | |
| ☐ Do you wish to have the donor information remain anonymous? | | | | | | | | |
| ☐ Please provide a detailed description of the item(s) being donated (quantity, serial number etc) | | | | | | | | |
| GIFT VALUATION | | | | | | | | |
| Estimated Value | of Donation: | | | | | | | |
| Evidence of Fair Market Value is attached (Appraisal or Invoice)? | | | | | | | | |
| INTERNAL TRANSMITTAL FORM | | | | | | | | |
| Donation accepte | d by: | | | | | | | |
| Position/ Local | | | | | | | | |
| Gift is directed to: (department or program) | | | | | | | | |
| ☐ Is this gift eligible for a contribution from matching funds? | | | | | | | | |

This section for Advancement Office use only: Original: Advancement Office Copies: Cecilia Piano for Record Joe Cordingley for Matching

All financial gifts to endowment funds to a maximum of \$20,000 will be matched, funding permitting.