



CALIFORNIA STATE UNIVERSITY STANISLAUS FOUNDATION

One University Circle • Turlock, California 95382
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GIFT-IN-KIND ACCEPTANCE FORM

Instructions: Please complete each section of the acceptance form below. This form may not be used in lieu of a completed Gift-in-Kind Contribution Form, in-kind remit slip, or similar document. Completed forms and all available back-up (Gift-in-Kind Contribution Form, appraisal documentation, donor's receipt of purchase, donor-supplied IRS Form 8283, and any related correspondence) to Advancement Services (MSR Bldg., Room 300) for processing. To be accepted, a gift-in-kind must either support the mission of the University or have the potential to be converted to cash.

RECIPIENT INFORMATION	
Department/Unit: _____	Date Form Completed: _____
Contact Name: _____	Phone # or University Ext.: _____

GIFT-IN-KIND INFORMATION	
Donor Name: _____	Gift Date: _____
Contact Name: _____	
Mailing Address: _____	
Description (please provide a <u>detailed</u> description of the item or group of items donated):	
Fair Market Value : \$ _____	Appraisal/Receipt Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Value Determined By:	<input type="checkbox"/> Donor <input type="checkbox"/> Department (attach documentation)
	<input type="checkbox"/> Other (please specify):
IRS Form 8283 Supplied by Donor:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intended Use (choose 1):	<input type="checkbox"/> Retain for use <input type="checkbox"/> Raffle Prize <input type="checkbox"/> Auction Item
	<input type="checkbox"/> Consume for event <input type="checkbox"/> Other (specify):
Item location:	
Benefitting Fund #:	Gift Solicitor:

Accepted By	Name	Signature	Date
College/Dept./Unit Rep.	_____	_____	_____
<i>\$5,000 and over:</i> Treasurer CSU Stanislaus Foundation	Darrell Haydon	_____	_____
VP, Univ. Advancement	Michele Lahti	_____	_____
Processed by:	_____	_____	_____