SOUTHERN
ADVENTIST UNIVERSITY

Power for Mind & Soul

Office of Advancement
Gift In-Kind Form

Date Received: _____

Business Name: _____

Contact Name: _____

Address: _____

City: _____ **State**: _____ **Zip code**: _____

Phone#: (_____)_____ **Email:** _____

Item(s) Gifted: *Please give as complete a description as possible.*

VIN# _____ *For motorized vehicles please attach copy of the Certificate of Title*

Fair Market or Estimated Value: $_____ *Please attach all documentation available.*

Donated to what department: _____

Account to be credited: _____

_____ _____
Name of person receiving the gift Signature of person receiving the gift

(_____)_____
Phone Number

Reset Form

Please submit this form to the Advancement Services office for the proper recording of gift and acknowledgment letter to donor.