ARKANSAS STATE UNIVERSITY
SYSTEM FOUNDATION, INC.

GIFT-IN-KIND INFORMATION FORM

Date: _____ **Prepared By:** _____

Name and Title of the ASU staff member who took delivery of the gift:

_____ _____
Type or Print Signature

Date gift received: _____ Custodian of Property: _____

Location of Property: _____

Donor Information:

Entity ID: _____ SSN: _____

Full Mailing Name: _____

Street Name: _____

City, State, Zip: _____

Description of Gift-in-Kind:

_____
_____

Purpose of Gift: Describe how this item will be used:

_____
_____

Fund Name/Number:

_____

Value of Gift:

$_____ Please attach a copy of appraisal or other valuation support. Attach a copy of the transfer documentation (Deed of Gift, Letters of Transmittal, etc.) to this form.

NOTE: For audit purposes, please attach photos of all items contributed as well as all correspondence relative to the gift.