ASU System Foundation, Inc.
Gift-in-Kind Information

Date: _____ **Contact Name:** _____ **Campus:** Select Campus

Department: _____ **Phone:** _____

Employee who received the gift: _____ **Email:** _____

Property Custodian: _____ **Email:** _____

Location of Property: _____

Donor's Information:

Donor's Name: _____ **Blackbaud ID:** If Known

Preferred Address: _____ **City, State, Zip:** _____

Phone: _____ **Email:** _____

Gift Information:

Description: _____

Purpose: _____

Value of Gift*: _____

Account Name and Number: _____

Approvals:

Received By _____ **Received Date:** _____

Property Custodian _____

Supervisor _____

Vice Chancellor _____

Include the following:
- photo
- appraisal or other valuation support
- transfer documentation

For System Foundation Use Only:

Approved by: _____ **Date:** _____