

**Truman State University
Gift-In-Kind Documentation**

(Must be completed upon receipt of a gift-in-kind)

Name of person(s) making donation _____

Title _____

Company _____

Address _____

City/State/Zip _____

Telephone Number (including area code) _____

Gift-in-kind to be credited to: Individual Business

Gift Item Description

Please be as specific as possible, stating name of item, number of items, age, model or serial number and brief description. Attach any documentation that you may have available.

Fair Market Value \$ _____

Please explain how the fair market value was determined. (Please attach copies of invoices, catalog pages, pertinent correspondence, etc., that will provide documentation of information stated on this form.)

Signature of Donor _____

Thank-you note with gift listed is sent instead of receipt, and amount listed under assigned gift value is entered in Banner.

Return completed form to: Office of Advancement, McClain Hall 205, 100 E. Normal Ave., Kirksville, MO 63501-4221; Fax (660) 785-7519. Should you have any questions regarding gifts-in-kind, please call the Office of Advancement, (800) 452-6678 or (660) 785-4133.

FOR OFFICE USE:	
Gift received on campus:	Gift to be used by:
Date _____	Department/Division _____
By _____	Foundation Account <u>310312</u>
I agree that the gift fulfills a legitimate need of Truman State University.	
	Signature _____
	Title _____
	Assigned Gift Value \$ _____

Please note: Gifts that have conditions or require a maintenance obligation must be reviewed by the Truman State University Foundation Board. Examples of such gifts include: livestock, property, gifts not related to the University's current mission and services and gifts restricted in such a manner that the University would be required to expend funds to an individual.