

**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 copies of all correspondence relative to the gift.