The University of Memphis
Gift-In-Kind Acceptance Form

Date: ________________  Prepared by: ____________________________________  Phone: ____________________

UofM Dept/College to receive gift: _____________________________________________________  UofM Account #: _________________
UofM employee to receive gift: _______________________________________________________________________________________

DONOR INFORMATION
Name of company or individual to be donating gift: _________________________________________________________________________
If company, contact person and title: _____________________________________________________________________________________
If value of gift exceeds $5,000, and will/may be sold, provide donor’s Social Security # or Taxpayer Identification #: _______________________
Address: ___________________________________________________________________________________________________________  
Phone: _____________________________                 Fax: _________________________________________________________________

Does donor wish to remain anonymous?  YES  NO
Does donor want publicity?   YES  NO

GIFT INFORMATION   -   Donee (please see acceptance form checklist in section N of Policy __________)
-  UNIVERSITY  □  FOUNDATION  □

Description of gift (incl serial #, brand, model #, etc)  ______________________________________________________________________
________________________________________________________________________________________________________________________

Donor’s estimated dollar value of gift (attach documentation):  $ _______________________________________________________________
Date gift to be received: _________________    Will the donor receive any goods or services as a result of this gift?  YES  NO
If so, indicate the value and describe what the donor will receive: _____________________________________________________________
If gift will be tangible property or goods, provide the proposed location of property or describe space needed (incl. dept, bldg, room, if applicable):
_____________________________________________________________________________________________________________________

Cost and description, if any, for moving/delivery, maintenance/repair, other current or future expenditure requirements, etc.  ___________________________
_____________________________________________________________________________________________________________________

Would the University otherwise be required to purchase such services?   YES  NO

It is the responsibility of the department/college that will be receiving the gift to gather the above information and supporting documentation from the donor. When the above information is complete, the department head should sign indicating their recommendation to accept the gift.  This form and all supporting documentation should then be routed to the Director of Advancement Services, 100 Alumni Center.

RECOMMENDATION OF GIFT ACCEPTANCE:

Dept. Head Date

Dean Date

APPROVAL OF GIFT ACCEPTANCE:

Vice President for Advancement Date

President (if value of gift exceeds $5,000) Date

Chair, Gift-in-Kind Acceptance Committee (if required) Date

Note: Signature of Chair confirms full Committee approval.

For Gift Records Use Only:  Date Received: _____________      Date Acknowledged: _____________      Date sent to Accounting: _____________

Additional Requirements: As outlined in University Operating Procedure No. 2A:09:03A, the acceptance of real property, testamentary gifts, capital outlays and insurance requires TBR approval. This form should be sent to the office of the Vice President for Business and Finance to coordinate that approval.