

<b>Donor Information</b> : To be completed by the donor			
Individual/Corporate Name			
Corporate Contact Name (if applicable)			
Address			
City	State	Zip	
Daytime Phone			
Gift Description (e.g. breed, age, make, model numbe	er, manufacturer,	condition, quar	ntity):
Estimated Fair Market Value (FMV) \$		٦	
Please check, if the FMV is over \$5,000 and att	ach a required q	ualified appraisa	al.
Donor's Signature		Date	mm/dd/yyyy
Acceptance of Gift Information: To be completed by	university repre	esentatives	
College or Department to Receive Gift			
Contact Person			
Phone Email Address			
Contact Person's Signature		Date gift received	mm/dd/yyyy
Dean's Signature (when applicable)		Date approved	mm/dd/yyyy
Assistant Chancellor for Business and Finance (when applicable	2)	Date approved	mm/dd/yyyy

Once complete, please return to the UWRF Foundation, 310 South Hall, for processing.