



Tax ID# 95-1644026

GIFT IN KIND

I. Donor Information.

Donor Name/Company: _____
(Please print Donor name as you wish it to appear in all Donor Recognition material)

Contact Name (if different than above): _____ Contact Title: _____

Address: _____

Telephone: _____ Fax No: _____ Email Address: _____

II. Donation.

<i>Description of Goods/Cash Donated (attach additional pages if necessary)</i>	<i>Donor's Estimate of Fair Market Value</i>	<i>Terms/Restrictions (if applicable)</i>
	\$	
	\$	
	\$	
	\$	

Delivery of Donation: Item(s) will be:

☐ Mailed/Delivered to University of La Verne, University Advancement by Donor on or before _____

☐ Picked Up by University of La Verne, University Advancement (date/time available for pick up: _____)

III. Donor Agreement. The undersigned Donor hereby agrees to donate the item(s) identified herein to the University of La Verne. It is understood that Donor's name may be acknowledged in print and other means as specified by the University of La Verne.

Donor Signature Date

The University of La Verne gratefully acknowledges and accepts the donation of the above described items. THANK YOU!!

University Representative Date

Return by mail, email or fax to: Gift Processor, University of La Verne, University Advancement, 1950 3rd Street, La Verne, CA 91750, p. 909.448.4682, f. 909.392.2750, email: giving@laverne.edu.