



**AUGUSTA
UNIVERSITY**

GIFT IN-KIND FORM

SELECT FOUNDATION: AUF GHSF Date: _____

Donor Name / Organization Name: _____

Organization Contact Name: (if applicable) _____

Phone: _____ Email address: _____

Mailing Address: _____

Description of donated item(s) and purpose: (Include serial number and model number if applicable. If the gift is artwork, include a description providing sufficient detail for identification. Attach additional pages as necessary.)

AUF/GHSF does not establish the value of in-kind gifts. Per IRS guidelines, the donor establishes the fair market value which is used for recognition credit only. For used gifts with a donor valuation of \$5,000 or greater, an independent appraisal is required for the completion of IRS Form 8283.

Estimated value of donated item(s): _____

Value determined by: Donor Receipt Attached Appraisal attached

Donor or representative name	Title	Signature	Date
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AU Department Receiving Gift: _____ Date: _____

Fund Name & Number: (if applicable) _____

Receipt of gift verified by:

Name	Title	Signature	Date
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*Please return completed form to Philanthropy & Alumni Engagement at Augusta University.
1120 15th Street, AD-1104, Augusta, GA 30912 philanthropy@augusta.edu (706)-721-4001*

-----Foundation use only-----

Reviewed by:

Name	Title	Signature	Date
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