

GIFT-IN-KIND ACCEPTANCE FORM

(To be completed for all gifts and loans except cash and securities)

This form must be completed before the University can officially accept a proposed gift or send an acknowledgement letter. Please see <u>Gifts to the University Policy</u> on the Advancement website, or contact University Advancement for guidance, when considering accepting any giftin-kind.

When completed and signed by the appropriate department official (University Advancement will route for additional signatures), please return electronic form along with relevant gift valuation backup and/or photos to: Sonoma State University – University Advancement, Salazar 2043 E-mail:advancement@sonoma.edu | Phone: 707.664.2712 | Fax: 707.664.2952

| Donor /Company: | Donor /Company: Phone: | | | |
|---|--|---|---|---|
| Name of Company contact person: | | | | |
| Street Address: | | | | |
| City: | 8 | State: | Zip Code: | <u> </u> |
| SSU representative/Department completing form: | | | Date: | ····· |
| SSU office or program to receive gift: | | | Phone: | |
| Description of Proposed Gift/Loan: | | | | |
| Restrictions placed on gift/loan by do | | | | |
| | | | | |
| Proposed purpose of the gift: Instructional: | | Non-Instructional: | | |
| The gift is to be located: | | Room: | | |
| If the gift is equipment or software, do If yes, you must attach proof of the sta discounted value.) | es this company prov andard educational dis | ide an educational d scount given by the d | iscount? Yes: N company and calcu | o: Ilate the |
| Estimated Fair Market Value:/Discounted Value: | | | | |
| Please attach donor's list of | | | | |
| similar current value of ite | | | | |
| Formal appraisal supplied? No: | Yes: Appr | aised Value \$ | | |
| Gifts of \$5000+ require a f form 8283 for signature by | | | st submit a compl | leted <mark>IRS</mark> |
| All members (1-4) of the Acceptance Com VP of a School or Department who is acc the AVP and VP for Advancement, Contro believes that the gift is in line with the Gift The controller (or designee) will forward to applicable. The Fixed Asset Accountant for | epting the gift in coordin oller (or designee). Signi is to the University Policy of the Fixed Asset Accou- orwards the form to the <i>i</i> | ation with Advanceme ng below indicates tha y (<u>http://policies.sonom</u> ntant who completes t | nt. Advancement will at the department offination of the department of the department of the formation of th | l route to cial <u>niversity</u>). m if |
| Specialist for acknowledgement to the do Gift Acceptance Recommended by | | Signature | Date | |
| 1. Dean, VP or Dept. Chair | Frint Name | Signature | Date | |
| | | | | |
| 2. AVP for Advancement Operations | | | | |
| 3. Vice President of Advancement | | | | |
| 4. University Controller (or designee) |) | | | |
| | For Office U | se Only | | |
| | <u>1 61 61166 61</u> | <u>oo onny</u> | | |
| Fixed Asset Accountant Signature and | d Tag# (or N/A): | Signature | Tag # (or N/A) | Date |
| | . | - | - · · | |
| Completed Form sent to Financial S | ervices Analyst: | Date | | |