



NOTICE OF GIFT IN KIND DONATION FORM

Send To: TRU FOUNDATION

Date: \_\_\_\_\_

A gift in kind donation has been made as follows: ***(Attach business card if possible)***

DONOR: \_\_\_\_\_

(if a business -  
please provide a contact name):

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DESCRIPTION OF DONATION: \_\_\_\_\_

**VALUE:** \_\_\_\_\_

Department or Division  
to use this gift: \_\_\_\_\_

**\* All gift in kind donations over \$1,000 must be independently evaluated to determine estimated value. An original copy of evaluation on evaluator's letter head required. Please attach**

VALUE APPRAISED BY: \_\_\_\_\_

TRU PROGRAM: \_\_\_\_\_

TRU CONTACT: \_\_\_\_\_

LOCAL: \_\_\_\_\_

**DEAN/DIRECTOR AUTHORIZATION:**

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Please print name:

\_\_\_\_\_  
Title:

**TRU Foundation Office use only:**

Date received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Banner ID: \_\_\_\_\_

Gift #: \_\_\_\_\_