



In Kind Gift Processing Form

Santa Clara University Federal Tax ID #: 94-1156617

Donor Information: List name and address of donor(s) or company representative. In case of multiple donors, please attach a list of individuals with gift amounts and addresses.

Donor Name: _____

Donor Address: _____

Donor Phone: _____ **Phone Type:** Home Work Cell **RE ID#** _____

Donor Email: _____

Donor Status: Alumni/Alumnus Emeritus/Emeriti Faculty Staff
 Parent Student Foundation
 Corporation/Business Other: _____
 Matching Gift for: _____
 Donor prefers to remain anonymous

Gift Information

Gift Type: In Kind Gift **Gift Amount:** _____ **Campaign:** _____ **Appeal:** _____

Description: Indicate quantity, model number, manufacturer (sufficient to inventory equipment), securities, etc... and whether it requires space, additional support materials, and/or services to operate.

Estimated fair market value or appraised value at time of receipt.
 By donor or agent / Internal Amount \$ _____

Formal appraisal? Yes No
If value is \$5,000 or more, donor must also submit IRS Form 8283 and attach a third-party appraisal

Gift will be used for instructional purposes? Yes No

Software License Gift: Donor: _____ Type: _____ Value \$ _____

Gift location (for tagging): Building: _____ Room: _____ Contact: _____
 Phone: _____

Restricted for use by: _____

Form Completed by: Name: _____ Date: ____/____/____

Gift Received by : Name: _____ Phone: _____

Dept/School: _____ Date: ____/____/____

(If multiple recipients please attach a list of recipients)