



East Carolina University Medical & Health Sciences Foundation, Inc.

Gift-in-Kind Donor Form

DONOR INFORMATION

Name: _____ ONE ID: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

GIFT-IN-KIND

Description: _____

Estimated Fair Market Value: _____

Value Determined By (Circle One): Donor Qualified Appraisal Other: _____

Gift Recipient/Department: _____ Fund # _____

Can gift be sold?: _____ Location of Gift: _____

Donor Signature: _____ Date: _____

The Donor Signature line must be signed to verify that the "estimated fair market value" amount was provided by the actual donor.

ACKNOWLEDGED SUPPORT

Description: _____

Service Delivered to: _____

CONTACT INFORMATION

Submitted By: _____ Unit: _____ Phone: _____

APPROVALS

Approved by: _____

President
ECU Medical & Health Sciences Foundation, Inc.

Controller
ECU Medical & Health Sciences Foundation, Inc.

Vice Chancellor of University Advancement

For office use only:

Date: _____

Batch #: _____