



# Gift in Kind Form

Gift Date: \_\_\_\_\_ ID#: \_\_\_\_\_

Donor/Org. Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Description of item/services donated, please be as technical as possible:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Fair Market Value: \_\_\_\_\_

*Note: This form does not serve as a gift receipt for this contribution. This form is intended for internal office use only.*

Gift to be used by/for: \_\_\_\_\_

\_\_\_\_\_

Designation: Gift-In-Kind

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

I acknowledge this donation has been made to and accepted by the Foundation subject to review and approval by the Executive Vice President for Advancement and the President of the University. The information stated above is accurate and the Estimate Fair Market Value is reasonable. All available hard copy documentation of this gift is attached.

\_\_\_\_\_  
Advancement Staff Signature

\_\_\_\_\_  
Date

PLEASE RETURN THIS FORM TO: Cornerstone University Advancement Office  
1001 E Beltline NE, Grand Rapids MI 49525  
Phone: 616.254.1640 Fax: 616.222.1414  
Email to: advancement@cornerstone.edu