



In-Kind Gift Record

UNIVERSITY USE ONLY

UCM Foundation • Smiser Alumni Center
Phone: 660-543-8000 • Fax: 660-543-4705

Date: _____

Department/Program recommending the gift: _____

Donor – Name of individual or business: _____

If business, contact’s name & title for acknowledgement: _____

Address: _____

Description of gift: _____

Cost related to acquiring/maintaining the gift: _____

Date gift to be received: _____

Donor’s estimated dollar value of gift: _____

UCM College/Department/Foundation contact person
responsible for receiving the gift: _____

[] Check if donor prefers gift NOT be publicized nor name listed in honor roll listing of donors.

A statement must be attached specifying how receipt of the gift will assist the department or unit in accomplishing specific goals and objectives. Normally, the person responsible for obtaining the gift will express personal appreciation to the donor. The dean or director will convey official thanks of the university. The UCM Foundation also will provide acknowledgement for all gifts received.

Chair’s approval: _____ Date: _____

Dean/Director’s approval: _____ Date: _____

Foundation Director’s approval: _____ Date: _____

UCM Foundation Use Only:

Receipt # _____

Session _____

DONOR ID _____

Campaign: _____ Gift Type: GIK

Initial Date

Vehicle: GFTIK Class Code: _____

_____ Posted Date

Solicitation: _____ Solicitor Org: _____

_____ Acknowledgment

Solicitor ID _____

_____ To Acctg Services

Designation Code: _____ Acknowledgment

Designation Index: _____ IK GEN

Fundraising Event (check): Yes No