

For Foundation Purposes Only:		
Designation/Fund:		
Recorded Gift Date:		

## **Gift in Kind Contribution Form**

Donor Name:Address:			
City:	State:	Zip:	
Home Phone:	Email:		
		fair market value of this contribution to be	
\$ I understa	and that this estimate is for gift re	ecording and informational purposes only.	
Gifts in kind are not formally	accepted until this receipt is rece	eived and approved by the Radford University	
Foundation, Inc. (the "Founda	ation") in accordance with the Fo	oundation's Gift Acceptance Policy (a copy of	
which is posted on the Founda	tion's website). I acknowledge th	nat by making this gift to the Foundation, I am	
forfeiting all ownership rights	in this property upon the Found	lation's acceptance of this gift.	
Donor Signature	Date		
(Please attach copies of any receipt	s or documentation regarding the val	ue of the gift for informational purposes only.)	
determine whether an income tax that affect the deductibility of gifts services. A donor may be able to d	charitable deduction may be available of tangible personal property. No in	or should consult with his or her tax advisors to the for this contribution as there are a number of rules come tax charitable deduction is available for gifts of Foundation if properly substantiated. The current ation is a $501(c)(3)$ public charity.	
For Radford University Found	dation & Radford University use	only once donor has completed the above:  updated 9/14	
For Faculty/Staff donations only	, related Dean/VP Approval:		
	d the items on behalf of the Foundation	Date: in accordance with Foundation and University policy o confirm final acceptance requirements.)	
Date of Gift Receipt:			
RU Office of Advancement Appr	oval:	Date:	
RU Foundation Acceptance:		Date:	
Gifts valued at over \$5,000 may require Foundation Board approval. Date of Approval, if applicable:			