



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 _____

Initial Date
 _____ Posted Date
 _____ Acknowledgment
 _____ To Acctg Services

DONOR ID _____

Campaign: _____ Gift Type: GIK

Vehicle: GFTIK Class Code: _____

Solicitation: _____ Solicitor Org: _____

Solicitor ID _____

Designation Code: _____ Acknowledgment

Designation Index: _____ IK GEN

Fundraising Event (circle): Yes No