



**SOUTHERN  
ADVENTIST UNIVERSITY**

**Power for Mind & Soul**

**Office of Advancement  
Gift In-Kind Form**

**Date Received:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Phone#:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Item(s) Gifted:** *Please give as complete a description as possible.*

**VIN#** \_\_\_\_\_ *For motorized vehicles please attach copy of the Certificate of Title*

**Fair Market or Estimated Value:** \$ \_\_\_\_\_ *Please attach all documentation available.*

**Donated to what department:** \_\_\_\_\_

**Account to be credited:** \_\_\_\_\_

\_\_\_\_\_  
Name of person receiving the gift

\_\_\_\_\_  
Signature of person receiving the gift

(\_\_\_\_) \_\_\_\_\_

Phone Number

**Please submit this form to the Advancement Services office for the proper recording of gift and acknowledgment letter to donor.**