THOMPSON RIVERS UNIVERSITY
Giving

NOTICE OF GIFT-IN-KIND DONATION FORM

Send completed form and attachments to giving@tru.ca

Date: _____

A gift-in-kind donation has been made as follows: ***(Attach business card if possible)***

DONOR: _____
(if a business - please provide a contact name below):

CONTACT: _____

ADDRESS: _____

_____

PHONE: _____ EMAIL: _____

DESCRIPTION OF DONATION: _____

VALUE: _____ _____

TRU Department or Division: _____

*** All gift-in-kind donations over $1,000 must be independently evaluated to determine estimated value. An original copy of evaluation on evaluator's letterhead required. Please attach.**

VALUE APPRAISED BY: _____

VIN # (If Applicable) _____

TRU Contact & Department: _____ LOCAL: _____

DEAN/DIRECTOR AUTHORIZATION:

I have reviewed the details of this gift-in-kind donation, including its estimated value, intended use, and appropriateness for TRU's educational or operational purposes. By signing below, I confirm that:

- The gift is suitable for acceptance by TRU and aligns with institutional policies and strategic priorities;
- The stated value (including any third-party appraisal if applicable) is reasonable to the best of my knowledge;
- The department/division has the capacity and intention to use or manage the donated item(s) as indicated; and
- I accept responsibility for ensuring the donation is used in accordance with TRU guidelines and the donor's intent.

_____
Signature:

_____ _____
Please print name: Title:

TRU Advancement Office use only:

Date received: _____ Date Processed: _____

RE ID: _____ Gift #: _____