

THOMPSON RIVERS  UNIVERSITY
FOUNDATION

NOTICE OF GIFT IN KIND DONATION FORM

Send To: TRU FOUNDATION

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):

CONTACT: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

DESCRIPTION OF DONATION: _____

VALUE: _____

Department or Division
to use this gift: _____

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

VALUE APPRAISED BY: _____

TRU PROGRAM: _____

TRU CONTACT: _____ LOCAL: _____

DEAN/DIRECTOR AUTHORIZATION:

Signature:

Please print name:

Title:

TRU Foundation Office use only:

Date received: _____

Date Processed: _____

Banner ID: _____

Gift #: _____