



**Southern Arkansas University  
Non-Cash Donation / Gift-In-Kind Form**

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Donor Name: \_\_\_\_\_

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

\_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Description of Item (please be as specific as possible):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Value: \$ \_\_\_\_\_ (to be provided by donor)

*Please check one*

Donor statement of value

Appraisal attached  
(for items valued at \$5,000+)

Receipt attached

Donor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_