



**Southern Arkansas University Foundation, Inc.
Non-Cash Donation / Gift-In-Kind Form**

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: _____

Return to the Southern Arkansas University Foundation, Inc.
100 E. University, MSC 9174 ♦ Magnolia, AR, 71753-2181
Phone 870-235-4078
www.saufoundation.org