Southern Arkansas University
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 ○ Receipt attached
(for items valued at $5,000+)

Donor’s Signature: ____________________________________________________

Date: __________________________________________________________________