

CONTACT INFORMATION

Company					
First name		Last name		Phone	
Address				Fax	
City		Province		Country	
				Date	
Postal		Email			
Signature					

GIFT INFORMATION

Donor recognition name (if different from above)	
I require a tax receipt? Yes <input type="checkbox"/> No <input type="checkbox"/>	
I wish to have the donor information remain anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please provide a detailed description of the item(s) being donated (quantity, serial number etc..)	

GIFT VALUATION

Value of donation:	
Evidence of fair market value is attached (appraisal or invoice)? Yes <input type="checkbox"/> No <input type="checkbox"/>	

INTERNAL FOUNDATION OFFICE USE ONLY

Gift is directed to: (department or program)	
Donation accepted by (faculty, department)	
Date of approval	
Gift acceptance signature	