

In Kind Gift Processing Form

Santa Clara University Federal Tax ID #: 94-1156617

Donor Information: List name and address of donor(s) or company representative. In case of multiple donors, please attach a list of individuals with gift amounts and addresses.

Donor Name:						
Donor Address:						
Donor Phone:		Phone Type: 🗆 Home	e 🗆 Work 🗆 Cell	RE ID#		
Donor Email:						
Donor Status:	Alumni/Alumnus	□ Emeritus/Emeriti	□ Faculty	□ Staff		
	Parent	□ Student	□ Foundation			
	Corporation/Business	□ Other:				
	Matching Gift for:					
	Donor prefers to remain	anonymous				
ift Information						
Gift Type: In Kind Gi	ft Gift Amount:	Campaign:	Ap	peal:		
Cationated fair as all	ot volue or or or seized vel	up at time of receipt				
	et value or appraised value	nount \$				
Formal appraisal?	Yes 🗆 No	ust also submit IRS Form 8283		party apprais	al	
Gift will be used for	instructional purposes?	□ Yes □ No				
Software License Gi	ft: Donor:	Type:		Value \$		
Gift location (for tag	ging): Building:	Room:	Con	tact:		
Phone:						
Restricted for use b	<i>y</i> :					
orm Completed by	: Name:			Date:	/_	/
ift Received by :	Name:			Phone:		
	Dent/School			Date:	1	/

(If multiple recipients please attach a list of recipients)