

INSTRUCTIONS: 1. Complete this form and send to the College Heights Foundation within 24 hours of receipt of gift.

- 2. Include copies of any correspondence relating to the gift.
- 3. Services which are not considered Gift-In-Kind per IRS will be given recognition credit.

DONOR INFORMATION							
Donor's Name:			Company Contact Name:				
Donor's Address: (Street)				Donor's (City, State, Zip):			
Donor's Email:				Date of Gift Received: Amount:			
Donor 5 Ellian.			Date of Gift Received. Allouint.		Amount.		
Account Name:				Account Number:			
Name of Individual Who Received Gift: (WKU Employee)			Gift May Publicized				
				Yes	No		
Prepared By:		Extension:	tension: Date:				
				Title:			
Signature:			The:				
	ALLO	CATION C)F GII	FT			
Any Gift-In-Kind valued at \$5,000 or more MUST be accompanied by an Independent Appraisal.							
Withou	t this documentation,	, these Gifts-	In-Kin	d will not be	Accepte	d.	
Donor's Valuation:	Department Chairman's Estimated Valuat			ation: Appraised		Valuation:	
Description of Gift:							

College Heights Foundation Use Only: Approval:				
Date:				
Entity #:	□Soft Credit \$ □Hard Credit \$			

KEEP COPY FOR DEPARTMENTAL RECORDS