



ECU

**MEDICAL & HEALTH SCIENCES
FOUNDATION INC.**

**East Carolina University Medical & Health Sciences Foundation, Inc.
Gift-in-Kind Donor Form**

DONOR INFORMATION

Name: _____ ONE ID: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ E-mail: _____

GIFT-IN-KIND

Description: _____

Estimated Fair Market Value: _____
Value Determined By (Circle One): Donor Qualified Appraisal Other: _____
Gift Recipient/Department: _____ Fund # _____
Can gift be sold?: _____ Location of Gift: _____
Donor Signature: _____ Date: _____
The Donor Signature line must be signed to verify that the "estimated fair market value" amount was provided by the actual donor.

ACKNOWLEDGED SUPPORT

Description: _____
Service Delivered to: _____

CONTACT INFORMATION

Submitted By: _____ Unit: _____ Phone: _____

APPROVALS

Approved by: _____
President
ECU Medical & Health Sciences Foundation, Inc. Controller
ECU Medical & Health Sciences Foundation, Inc.

Vice Chancellor of University Advancement

For office use only:
Date: _____ Batch #: _____