



Gift-In-Kind Donation Form

Donor Information

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gift Information

Date: _____

Description of Item(s) or Service(s): _____

Estimated value: \$ _____

Check one:

Donor statement of value

Appraisal attached

Receipt attached

Donated to: _____
(Example: College of Letters & Sciences)

Donor signature: _____

My gift-in-kind's estimated worth is \$500 or more and I would like tax documentation to claim this donation.

Office use only:

University of Wisconsin-Whitewater faculty/staff signature: _____

Return to:
UW-Whitewater Foundation, Inc.
800 W Main St, Alumni Center
Whitewater, WI 53190

(262) 472-1105