



Gift in Kind Acceptance Request

Must be completed by CSUB employee for all non-monetary gifts.
Refer to [CSUB Gift Acceptance Policy](#) and [Campaign Gift Acceptance Policy](#) prior to proceeding.
Refer to memos on [Contributed Services](#) and [Trade-in-Kind](#) for further guidance.

DONOR INFORMATION

Hard First Name: _____ Last Name: _____
 Home Address: _____
 Soft Home Phone: _____ Cell Phone: _____ Email: _____
SPOUSE First Name: _____ Last Name: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
 Relationship to Donor (if not "Spouse"): _____
 Hard Company: _____ Contact Name: _____
 Company Address: _____
 Soft Company Phone: _____ Company Email: _____
 Recognition preference: _____
 Donor Type: Individual Alumni Faculty/Staff Friend Parent Organization Foundation Corporation

GIFT DETAILS

Total GIK Value: \$ _____ If valued above \$4,999, **donor** must provide an appraisal indicating value and IRS Form 8283
 Date of Gift: _____ Expected Delivery Date: _____
 Description of Gift (include details such as model number, if appropriate)

Description of Gift Use and Restrictions

Condition of Gift: New Excellent Good Poor
 Is this a company product? Yes No

Gift Properties (check all that apply):
 Computer Software Computer Hardware Obtained Under Contract Scientific Apparatus Hazardous Materials
 Network Hardware This is a gift Personal Property (such as art, books, collectibles, etc.)

If Computer Software: Number of Licenses _____ License Duration: _____ Additional Staff Required: Yes No
 Is training required to use software: Yes No Who will maintain software: IT Staff Department Staff

GIK involves the following: Moving/Delivery/Installation Required Shipped from Outside U.S.
 Fees/Maintenance costs to annually maintain GIK \$ _____ Animals Adtnl Space/Renovations/Alterations Req'd.
 Human Subjects Testing Hazardous Materials Select Agents Special Insurance Considerations
 Using GIK may be Hazardous The GIK must be returned in the future The GIK must be disposed in particular way
 Training is required Donor advised that CSUB may dispose of/sell the gift

SIGNATURE (if value >\$4,999)

Printed Donor Name: _____ Donor Signature: _____ Date: _____

FOR OFFICE USE CSUB Solicitor Name: _____ Extension: _____ Email: _____ @csub.edu
Reminder: Please enter notes regarding gift in kind in Raisers Edge - this allows processors to refer to notes for additional information, if needed.

VP for UA: _____ Signature: _____ Date: _____

GIKs may only be accepted by the Vice President for University Advancement or an appropriate administrator. GIKs can be entered into RE only if approved.

Gift received by: Hand/In Office Mail Electronic Pick Up Other
 Entered in Raisers Edge: YES NO Name: _____ Date: _____