

**Gift In Kind Contribution Form**

**Donor/Gift Type:**  Individual Corporation/Foundation/Organization

Donor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class of \_\_\_\_\_\_\_\_\_ This is a joint commitment with my spouse/partner.

Spouse/Partner name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class of \_\_\_\_\_\_\_\_\_\_\_

Address Type:  Home Business

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Spouse/partner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Gift In Kind:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If the value of the gift is $5,000 or more, the donor should be advised that the IRS requires an appraisal by a professional, independent appraiser in order for the value of the gift to be eligible as a deduction, and that the donor should consult with their tax consultant. IRS Form 8283 is required for gifts of $5,000 or more. If an appraisal is obtained by the donor, please attach a copy to this form for processing. Goods are eligible for tax deductions to the fullest extent of the law. Services are not tax-deductible, only donor recognition may be provided.*

Date Received by Marymount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fair Market Value at: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The IRS only allows a donor to take a contribution deduction to the extent that the eligible contribution exceeds the fair market value of the goods and services the donor receives in return for the contribution. Therefore, the following boxes must be completed for processing. Advancement will rely on this form when issuing a receipt.*

Yes No Goods or services were provided to the donor in exchange for this gift.

If yes, describe of goods and services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, fair market value total: $\_\_\_\_\_\_\_\_\_\_\_\_ *Attach detailed information and documentation regarding FMV total.*

Yes No Donation represents a significant discount of the purchase of goods or services.

Provide total valued amount for goods: $\_\_\_\_\_\_\_\_\_\_\_\_

Provide the amount paid for the goods: $\_\_\_\_\_\_\_\_\_\_\_\_ *The difference represents the discount received.*

The Donor(s) understands that this item/items will not be returned and the university may retain or release items as meets the mission.

**Donor Signature(s)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VP/Dean/Director Signature(s)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Holding or carrying costs associated with the gift may be charged to account # **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Advancement Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return completed form to:** Office of Advancement, Marymount University, 2807 N Glebe Rd, Arlington, VA 22207.

Questions? Contact: (703) 908-7842 or Email: [mdiaz@marymount.edu](mailto:mdiaz@marymount.edu)

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Internal use: Donor ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soft Credit ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_