

ANDREWS UNIVERSITY
GIFT IN KIND FORM

Date Received _____

Item(s) Received _____

Department Donated to _____

Estimated Value _____

(If over \$2,500, please provide a copy of the written estimate or appraisal.)

Department Head Receiving Gift:

Name

Signature

For Vehicle Donations (cars, airplanes):

VIN _____

Donor SSN/EIN: _____

(Required by the IRS for a tax-deductible receipt.)

Donor Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

This form is due within the week the gift is received.

Submit this form to:

Andrews University
Office of Development
8903 US Highway 31
Berrien Springs, MI 49104-0660
Phone: 269-471-3124 Fax: 269-471-2818
development@andrews.edu