

Schreiner University

LEARNING BY HEART™

Gift-In-Kind Information Record

Date_____

Donor_____

Name_____

Address_____

City_____ State_____ Zip_____

Phone_____

Description of gift_____

Special instructions by the donor_____

Gift valuation (must be completed by the donor) \$_____

(Per IRS regulations, for gifts with a value greater than \$5,000, a certified appraisal must be included at the donor's expense.)

Donor Signature_____

Schreiner Staff or Faculty member receiving gift_____

Schreiner department where gift will be used or physically located_____

Please complete ALL blanks and return form to:

University Advancement (Alumni House)
CMB 6201
2100 Memorial Blvd.
Kerrville, TX 78028
830.792.7201

Revised: 1/23/06

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