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| --- | --- | --- |
|  |  | **MISC-400** |
|  | **Cooperative Extension Service Gift Disclosure Form** | 01/13/2021 |
| **For Cash and Non-Cash Gifts** |
|  |
| [ ]  Already Deposited | [ ]  Check Attached | [ ]  Non-cash Gift | [ ]  Stock | [ ]  Land |  |
|  |  |  |
|  |  |  |
| **Section A. Donor Information** |  |  |  |
|  |
| Name of Donor(s): |       |  |  |
|  |
| Contact Name, if applicable: |       | Is this a joint gift? | [ ]  Yes | [ ]  No |
|  |
| Address: |       | Anonymous gift: | [ ]  Yes | [ ]  No |
|  |
|  |       | Telephone: |       |
|  |  |  |  |
| \*Email: |       |  |  |
|  |  |  |
| Tax Receipt Required: | [ ]  Yes | [ ]  No |  |  |
|  |
| \* Optional fields |  |  |
|  |  |  |
| If an entity other than the donor(s) listed above should receive gift credit or should receive a letter of acknowledgement in addition to the entity(ies) above, please provide name(s) and address(es) on a separate sheet of paper. |
|  |  |  |
|  |  |  |
| **Section B. Account Information for Gift Deposits** |  |  |
|  |  |  |  |  |
| Cost Center: |       | Driver Worktag: |       | Amount:$ |       |
|  |  |  |  |  |
| Cost Center: |       | Driver Worktag: |       | Amount:$ |       |
|  |
|  |
| **Section C. Gift Information** |
|  |  |  |
| This gift is [ ]  in memory or [ ]  in honor of: |  | Description of Noncash Gift(s) (*include make, mode, serial#):* |
|  |  |  |
| Name: |       |  |       |
|  |  |  |  |
| Address: |       |  |       |
|  |  |  |  |
|  |       |  |       |
|  |  |  |  |
|  |       |  |       |
|  |  |  |  |
| This gift qualifies for a matching gift. |  | Goods and/or services were returned to donor(s) in exchange for this gift (quid-pro-quo.) Example: For a fundraising event, such as a golf tournament, the fair market value of goods and/or services provided (e.g. green/cart fees, meals, etc.) to participants must be reported in acknowledgment letters. |
|  |  |
| [ ]  | Yes (Enclose Form) | [ ]  No |  |
|  |  |  |  |
| Thank You Note Sent to Donor: | [ ]  Yes | [ ]  No |  |
|  |  |  |  | [ ]  | Yes (Value: $     ) [ ]  No |
|  |  |  |  |  |
| **INCLUDE ALL DOCUMENTATION RECEIVED FROM DONOR AND COPY OF CHECK (IF APPLICABLE)** |
|  |  |  |  |  |
| Employee receiving the gift |       | Date: |       |
|  |  |  |  |  |
| Fund Manager Signature (Required): |       | Date: |       |
|  |  |  |  |
| Director of Development: |       | Date: |       |
|  |  |  |  |
| **Forward to Development Office:** **DevelopmentOffice@uada.edu**. |