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|  | **Cooperative Extension Service Gift Disclosure Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 01/13/2021 |
| **For Cash and Non-Cash Gifts** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Already Deposited | | | | | | | Check Attached | | | | | | | | | Non-cash Gift | | | | | | | Stock | | | | Land | | | | |  | | | | |
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| **Section A. Donor Information** | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Donor(s): | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Name, if applicable: | | | | | | | |  | | | | | | | | | | | | | Is this a joint gift? | | | | | | | | | Yes | | | | No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | Anonymous gift: | | | | | | | | | Yes | | | | No | | |
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|  | |  | | | | | | | | | | | | | | | | | | | Telephone: | | | | |  | | | | | | | | | | |
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| \*Email: | |  | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | |
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| Tax Receipt Required: | | | | | | Yes | | | | No | | | | | | | | | | |  | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \* Optional fields | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section B. Account Information for Gift Deposits** | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |
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| Cost Center: | | |  | | | | | | | | | | Driver Worktag: | | | | | |  | | | | | | | | | | | | Amount:$ | | |  | | |
|  | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | |  | |
| Cost Center: | | |  | | | | | | | | | | Driver Worktag: | | | | | |  | | | | | | | | | | | | Amount:$ | | |  | | |
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| **Section C. Gift Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| This gift is  in memory or  in honor of: | | | | | | | | | | | | | | | | |  | Description of Noncash Gift(s) (*include make, mode, serial#):* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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| Address: |  | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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| 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**](mailto:DevelopmentOffice@uada.edu). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |