Gift in Kind Processing Form



1. Donor Information

| ☐ Create new record | | | | | | | | |
|---|---------------------------------|----------------|---|----------------------------|---------------------|---|--------------------------|--|
| Contact Name (if organization) | | | | | _ | | | |
| Organization | | | Lookup IC | | |) | | |
| Street Address | | City | City | | | | Postal Code | |
| Phone | | Email | | | | | | |
| Recognition Name | | | | | | | | |
| Name (for U of T donor listing) | | | ☐ Donor does not wish to be listed in public donor listings | | | | | |
| 2. Gift Detail | | | | MONITI | | DAV | VEAD | |
| Fair Market Value (exclude taxes or service charges) | | | Date of T | Date of Transfer to U of T | | | YEAR | |
| Description (must complete): | | | | | | | | |
| Itemized description: Please attach or send | electronically to Cift Planning | Cooff Borry n | oting donor nam | and denation | dato orindicator | whore documen | tation is located | |
| Is this gift designated as Certified (| - | аеон Бенту, но | □ Yes | | date, of indicate v | viiere. documen | tation is located. | |
| Eligible for tax receipt?* | | | □ Yes | □ No | | An official receipt for income tax purpose may or may not be applicable, depending on the nature of the gift. | | |
| Appraiser document/receipt of purchase attached: | | | ☐ Yes | □ No | not be applic | | | |
| Department/Division's Deed of Gift/Donations Form attached: Copy sent to Financial Services/Risk Management: | | | | □ No □ No | | | | |
| 3. Gift Designation | | | | | | | | |
| Department | | | | | | | | |
| Designation Lookup ID | Designation | on | | | | | | |
| Location of the gift (building/room | #): | | | | | | | |
| | | | | | | | | |
| 4. Appraiser | | | | | | | | |
| Name | | | | | Lookup ID | | | |
| Street Address Please note that the appraiser cannot be a U of T staff for gifts over CDN \$1,000 | | | City | | Province | Province Postal Code | | |
| 5. Plan Details | | | | | | | | |
| Was this gift tracked on a plan? | □ No □ Yes | If yes, plo | ease fill in the | e following: | | | | |
| Prospect Name (if different from above) Note: Ensure opportunity designation matches gift designation | | | Plan Mar | Plan Manager | | Ask Date Ask Amount | | |
| Please send completed form and su | | to Executiv | e Director, G | ift Planning, | University Ad | vancement, | 21 King's College Circle | |
| | | | | | | | | |
| Submitted by | Date | | Department | | | Phone Nui | mber | |
| For Gift Planning Office use only: | Approved By | | Date | | | | | |