

**I. DONATED BY** *full name of individual, corporation, foundation or organization*

**II. DATE OF DONATION**

**III. CONTACT PERSON** *person's name and title if gift is from a corporation, foundation, or organization*

**IV. TELEPHONE NUMBER**

**V. MAILING ADDRESS**

**VI. EMAIL ADDRESS**

**VII. OTHER CONTACT INFORMATION**

.....

**VIII. DONOR'S DESCRIPTION OF GIFT**

**IX. DONOR'S SIGNATURE (or electronic signature)**

**X. DONOR'S ESTIMATED VALUE**

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**XI. PURPOSE OF DONATION** *as stated by donor*

**XII. RESTRICTIONS, IF ANY** *as stated by donor (ex, for use by specific department / program)*

**XIII. NAME OF CCS PERSONNEL RECEIVING GIFT**

**XIV. NAME & DEPT. OF CCS PERSONNEL RECEIVING OR COORDINATING GIFT**

**XV. SIGNATURE OF AUTHORIZED CCS IA PERSONNEL**

**XVI. OTHER INTERNAL NOTES OR INSTRUCTIONS REGARDING IN-KIND GIFT**

**XVII. GIFT ACKNOWLEDGEMENT BY DEPARTMENT?**                      YES      NO

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COMPLETED FORM KEPT ON FILE WITH INSTITUTIONAL ADVANCEMENT

**THANK YOU FOR YOUR DONATION!**

Questions may be directed to Katie Rusak, Advancement Operations Director, at  
krusak@collegeforcreativestudies.edu or (313) 664-7861.