

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

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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 RECIEVING GIFT

XIV. NAME & DEPT. OF CCS PERSONNEL RECIEVING 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 Ruthie Graff, Database & Donor Relations Coordinator, at
rgraaff@ccsdetroit.edu or (313) 664-7863.