



Gift-In-Kind
Information Record

Date: _____

Donor Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

e-mail: _____

Description of gift(s)

Special instructions by the donor: _____

Gift valuation (*must be completed by the donor*) \$ _____

(Per IRS regulations, for gifts with a value greater than \$5,000, a certified appraisal must be included at the donor's expense.)

Donor Signature _____

Schreiner Staff or Faculty member receiving gift _____

Schreiner department where gift will be used or physically located _____

Please complete ALL blanks and return form to:

University Advancement
CMB 6229
2100 Memorial Blvd.
Kerrville, TX 78028
830.792.7201