

Gift Transmittal Form – NON-CASH GIFTS

**University of Idaho Foundation**

Mary Forney Hall, Room 102A  
875 Perimeter Dr MS 3143, Moscow, ID 83844-3143  
(208-885-4000) or [gifts@uidaho.edu](mailto:gifts@uidaho.edu)

**INSTRUCTIONS:** Complete this form; attach copies of all supporting documentation. **ENTIRE FORM MUST BE FILLED OUT IN ORDER FOR THE GIFT TO BE PROCESSED.** Submit to the Foundation Office. Please contact us if you have any questions.

**SECTION I: UNIVERSITY INFORMATION**

College/Department Transmitting Gift: \_\_\_\_\_ Date: \_\_\_\_\_

Department Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**SECTION II: DONOR INFORMATION – ATTACH COPIES OF DOCUMENTATION**

Donor Name: \_\_\_\_\_ Donor V#: \_\_\_\_\_

*If Donor is a Company/Foundation/Organization:*

Contact Person: \_\_\_\_\_ Contact V#: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Donor or Contact Person: Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For organization gifts, who should receive the receipt?	<b>ORGANIZATION</b>	<b>CONTACT PERSON</b>
For organization gifts, should the contact person receive soft credit for the gift?	<b>YES</b>	<b>NO</b>

**SECTION III: NON-CASH GIFTS INFORMATION**

Please indicate the appropriate gift value: (circle one) **No Declared Value / Donor Declared Value / Appraised Value**

Gift amount for donor declared or appraised value: \$ \_\_\_\_\_ \*gifts valued at \$5,000 or greater **may need a** qualified appraisal and be approved by the Gift Acceptance Committee. Please contact Shawna Lindquist 885-4000 for further details.

Date gift was received by the department: \_\_\_\_\_ **\*Important information as this date will be the recorded gift date**

Gift-In-Kind Designation Code (i.e. V1xxx): \_\_\_\_\_ Designation Name: \_\_\_\_\_

Should this gift be applied to a proposal? (Y/N) \_\_\_\_ Proposal Name: \_\_\_\_\_

Detailed Description of Gift: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gift Location (for property inventory purposes): \_\_\_\_\_

**SECTION IV: SIGNATURES AS REQUIRED BY COLLEGE/DEPARTMENT**

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Approved College/Department Signature \_\_\_\_\_ Date \_\_\_\_\_ Secondary Signature (if needed) \_\_\_\_\_ Date \_\_\_\_\_