



GIFT-IN-KIND DONATION FORM

CONDITIONS OF DONATION: We are pleased to accept gifts that are of use to Capilano University. Gifts of product, materials and equipment have enriched the learning of our students over the years. Should the donated gift-in-kind have multiple applications, we will make every effort to ensure the gift is used for maximum benefit. Gifts are accepted on the principle that the receiving Department has complete jurisdiction over their use. Monies that may be raised as a result of exercising this right will be used to further enhance training and/or learning within the department.

Please fill out this form:

DONOR NAME: _____
(Name of Organization or Individual)

Contact Name (if different): _____

Title: _____

Mailing Address:

Street: _____

City & Postal Code: _____

Phone: () _____ Fax: () _____

Email: _____

CHECK HERE IF YOU REQUIRE AN OFFICIAL TAX RECEIPT FOR THIS GIFT.

FULL DESCRIPTION OF GIFT:

I agree with the above conditions of the donation.

Signature of Donor: _____ Date: _____



Note: For gifts that are used:

- If a receipt is requested for gift(s) valued under \$1,000.00, the Capilano faculty or staff member can provide a written appraisal.
- If the gift(s) value is \$1,000.00 and over, the donor must provide one independent 3rd party signed appraisal. Only independent appraisers, dealers and other people who are knowledgeable about the particular gift and accredited in the field of valuation may do appraisals.
- If the donation requires additional supplies or maintenance over its lifecycle, or should be certified for use, then Purchasing must approve the item before acceptance.
- Full descriptions of Items valued over \$1,000 that involve art work, jewelry or contain serial numbers, are to be forwarded to the Purchasing Department for review, include the donor's proof of purchase/chain of custody if available.

ESTIMATED VALUE OF GIFT:

LIST PRICE of Equipment/Product/Material if New: \$ _____

APPRAISED Value of Used or Defective Equipment/Product/Material: \$ _____

Name and Affiliation of Appraiser (if applicable): _____

Address: _____

Tel: () _____

Please submit form to fdn@capilanou.ca