

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

GIFT IN KIND DONATION FORM

(Gift to UAMS) Tax ID 71-6046242.

Date of Gift: _____

Donor Information (Owner of Items Being Donated):

Name(s): _____
Use Company name if donor/owner is a corporate entity or foundation

Address _____
Address to Send Receipt

City/State/Zip _____

Phone: _____ Cell Phone: _____

Email: _____

I certify that I donated the following item(s) to UAMS and that I did not receive any goods, services or other benefit in exchange for the Gift:

Detailed Description of Items(s)

Purpose of Gift: To Benefit _____
Name of the Institute or College or Department

The estimated fair market value of the item(s): \$ _____
(Attach receipts or appraisal, if any)

Signature of Donor (or Person Authorized to Sign on Behalf of Corporate Donor)

If Signing for Corporate Entity, name and title of person signing is:
Printed Name: _____ Title: _____

Please mail or fax this completed and signed form to:
University of Arkansas for Medical Sciences
4301 W. Markham Street #716
Little Rock, Arkansas 72205-7199
(501) 686-8200 (Phone) (501) 686-5067 (Fax)

Upon receipt of this form, your donation will be processed and a receipt will be mailed to the address above acknowledging and describing the item(s) gifted. IRS laws preclude a charitable organization from including the estimated value on the donor receipt. Evidence of the fair market value of the gift is the responsibility of the donor.

UAMS OFFICIAL (Cabinet Member or Department Chair):

I acknowledge that I received on behalf of UAMS the gift item(s) described above on _____.

Name (Printed): _____ Signature: _____