

## VICE PRESIDENT for UNIVERSITY ADVANCEMENT

700 Park Avenue • Suite 410 • Norfolk, Virginia 23504 P: 757-823-8323 • F: 757-823-2405 • nsu.edu

## **GIFT ACCEPTANCE FORM**

In-kind and unique gifts to the Norfolk State University Foundation must be reported to the Office of University Advancement using this form. Documentation from the donor or an independent appraiser valuing the gift is <u>required</u> and should be attached to this form.

1. DONOR INF	ORMATION:	MATION:				
Name/Compa	ny:					
	tact:					
Address:						
Phone: (	_)		Email			
2. RELATIONSI	HIP TO UNIVERSITY:					
☐ ALUMNUS	☐ FACULTY/STAFF		☐ CORPORATION	☐ PARENT	☐ FRIEND	
3. GIFT INFOR	MATION:					
Describe the g	ift indicating the qua	antity, model numb	oer, manufacturer, e	etc., and whet	ther it needs space,	
additional sup	port, material and/c	r service to operat	e. (Attach a separat	e sheet if nec	essary)	
4. GIFT VALUE	:					
Estimated valu	ıe: \$					
Written docun		donor establishing	the value of the gift	must be atta	ched. All gifts valued	
5. VALUATION	I METHOD (Check o	ne):				
☐ Independent a	appraisal					
☐ Itemized inve	ntory list					
☐ Vendor/Dono	r documentation (Invo	oice/Letter)				
☐ Published Val	ue (Catalog, etc.)					
☐ Value not pro	vided by donor; value	determined				
* *	xpert on the faculty.					
\$ (Not	to exceed \$5 000- Donation records	d at \$1.00\				



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We see the future in you.

6. DESIGNATED FOR	R (Check one): □			
School/College: _				
Other:				
7. GIFT RECEIVED B	Y:			
	Name	Department	Extension	
	Date gift received			
8. APPROVED BY:_				
	Department Chair	Date app	Date approved	
_	School/College Dean	Date app	roved	
	Send completed form and accom	panying documentation	to:	
	Norfolk State U	niversity		
	Office of University			
	700 Park Avenue			
	Norfolk, VA	23504		
ACCEPTANCE				
 Donor		 Date		
Donoi		Date		
Vice President for U	niversity Advancement	Date		
Executive Director for	or NSU Foundation, Inc.	 Date		