



501 Crescent Street
OB1 Rm 112
New Haven, CT 06515

T | 203-392-5916
F | 203-392-5083
www.southernct.edu

OFFER OF GIFT-IN-KIND CONTRIBUTION TO THE SOUTHERN CONNECTICUT STATE UNIVERSITY FOUNDATION

Pre-approval by the Foundation's Executive Director is needed prior to acceptance.

Completed By: _____	Dept: _____	Date: _____	Acceptance Approved:
SEND COMPLETED FORM TO: Office of Institutional Advancement (Notification of approval/disapproval will be made to the individual identified above.)			Exec. Dir., SCSU Fd.

A GIFT-IN-KIND OFFER, AS DESCRIBED BELOW, HAS BEEN MADE TO THE SCSU FOUNDATION BY:

Name of Donor: (individual, business, organization, etc.) _____

Individual Contact: (if business, organization, etc.) _____ Telephone: _____

Address: _____

Date Received: _____ By: _____

LETTER OFFERING GIFT: Attached To Follow

(A letter, signed by the donor or his/her legal representative, offering the gift to the **SCSU Foundation** is required. A sample letter is provided on the reverse side of this form.)

DESCRIPTION OF GIFT: (Include as much detail as possible such as manufacturer, color, dimensions, serial number, etc.)

VALUATION:

Appraisal Attached: Yes No Estimated Value: \$ _____

(Major gifts, valued at \$5,000+, require the donor to hire an independent qualified appraiser, as defined by the IRS. The appraisal must have been completed not earlier than 60 days before the date of the gift, or later than the due date of the taxpayer's tax return on which he/she first claims the deduction.)

Estimated Value: (may not exceed \$4,999): \$ _____ By: _____

***Important:** Do not quote this estimated value to the donor. (This estimate will be used for internal purposes only. Gifts with an apparent worth of less than \$5,000 may be valued by a staff or faculty member with some expertise of the fair market value of the item offered.)

RESTRICTIONS: (Restrictions require authorization by the Executive Director of the Foundation.)

Check One:

- There are no restrictions or costs in connection with accepting this gift
- Restrictions and/or related costs in connection with accepting this gift are:

GIFT TO BE LOCATED:

School, Division: _____

Department: _____ Building: _____ Room: _____

Assigned to (name of faculty or staff member): _____ Ext: _____

Donors should seek independent counsel regarding charitable gift deductions

The following is a sample letter from a donor who is offering a gift-in-kind to the SCSU Foundation. The content of this letter may vary, but donors wishing to make gifts to the SCSU Foundation **must specify “SCSU Foundation”** in their letter. A donor-generated letter is highly preferred, but this format may be prepared and presented to the donor for signature in cases of less significantly valued gifts (under \$1,000).

Date

Mr. Michael Kingan
Executive Director
SCSU Foundation, Inc.
501 Crescent Street
New Haven, CT 06515

Dear Mr. Kingan:

Please accept as a gift to the SCSU Foundation the following (please list items):

in support of the (School/Department) _____ at Southern Connecticut State University.

IF APPLICABLE: Enclosed is an appraisal from an independent qualified third party indicating a fair market value of \$ _____.

I place no restrictions on this gift and understand that the SCSU Foundation is required to file IRS Form 8282 if the gift is sold within two years of the date of the gift.

Sincerely yours,