
College of Arts & Sciences
University of Tennessee
Knoxville, TN 37996-1320

Gift-in-Kind Form

NAME (LAST, FIRST MIDDLE)

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP

Description of Gift: (ATTACH ADDITIONAL SHEETS IF NECESSARY.)

Do you want this gift acknowledged? (CIRCLE ONE)

YES

NO

Estimated Value of Gift (ENTERED BY DONOR)

\$ _____

NOTE: IF THE ESTIMATED VALUE OF THE GIFT IS \$5,000.00 OR MORE, A CERTIFIED APPRAISAL MUST ACCOMPANY THE GIFT.

The Donor gives to the University of Tennessee, College of Arts & Sciences, Theatre Department the item(s) described above and agrees that the Department of Theatre will hereafter have sole discretion in the use, display, and disposition of this/these item(s).

Exception: _____

DONOR SIGNATURE

DATE

DEPARTMENT HEAD SIGNATURE

DATE

Return completed forms to:

Jill Baker at jillb@utk.edu

or

Clarence Brown Theatre

Attn: Gift-in-Kind

206 McClung Tower

Knoxville, TN 37996