

GIFT-IN-KIND REQUEST

FOR PROCESSING BY: **University of Tennessee Foundation
Office of Alumni & Donor Records
1525 University Avenue
Knoxville, TN 37921**

FROM: **UTK Theatre**

Please record a gift-in-kind as follows:

- 1) VALUE (TOTAL VALUE OF ALL ITEMS): _____
(Documentation of value or donor's statement of value must accompany form. If value exceeds \$5,000, IRS requires a qualified appraisal to be paid for by donor and an 8283 form supporting the charitable deduction claimed.)
- 2) DONOR NAME AND ADDRESS: _____ ANDI ID (if known)

(Individual or company contact person)

(Address Line 1)

(Address Line 2)

(Phone number and Email)

(Donor Signature)

3) DATE RECEIVED BY COLLEGE/DEPARTMENT: _____

4) DESIGNATION OF GIFT:

| | | | |
|---|------------------------------|-------------------|--------------------|
| c | UTK Arts and Sciences | Theatre | GKK_01_THEA |
| | College | Department | |

5) SPECIFIC DESCRIPTION OF GIFT: _____

****Please attach supporting documentation. This may be receipts, handwritten lists, etc.****

Theatre Business Manager: Signature & Printed Name

Date

This material will be submitted at <https://services.utfi.org/giftinkind/> and reviewed by UT Foundation attorneys. *Gift-in-kind cannot be formally accepted until this report is received and approved.*



Gifts-In-Kind

UT Department of Theatre • 206 McClung Tower • Knoxville, TN 37996

| Item Description | # of items | Value |
|--|------------|-------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| TOTAL VALUE OF ALL ITEMS (goes on line #1 of UT Foundation form) | | \$ |

Received by (Theatre Staff):

Name (printed): _____

Signature: _____

Date Received: _____