

DATE: _____

DONOR INFORMATION

Donor : _____

Contact Person : _____ (for business donors) Email : _____

Address : _____

City : _____ State : _____ Zip : _____ Phone : _____

DONATION/GIFT DESCRIPTION AND PURPOSE

Recipient : _____ Department: _____

Agency Fund : _____

Description of Donation/Gift

Purpose of Donation/Gift (please provide as much detail as possible):

All Gift-in-Kind items should have the following:

- Original Sales Receipts (for purchased items)
- Invoice from a vendor showing sales price
- Other

Payment Method

- Cash
- Check
- Credit Card

Amount \$ _____

Submit for acceptance to Associated Students, CSUN

No item can be accepted until the Donation/Gift-in-Kind form is approved and accepted through the Associated Students

Submitted for Acceptance

Submitted by : _____

Approved by : _____
(Advisor)

Acceptance

Name : _____

Signature : _____

Date of Acceptance : _____