

# ACCEPTANCE FORM FOR NON-CASH GIFTS

## PART A

### Donor Information and Authorization (to be completed by the donor)

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I/we wish to donate the following Item(s):

Description of donated item(s): \_\_\_\_\_  
\_\_\_\_\_

Proposed use of the donated item(s): \_\_\_\_\_

Donor's estimation of the value of this gift: \_\_\_\_\_

Donor's Name: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Donor's Signature \_\_\_\_\_ Date \_\_\_\_\_

## PART B

### Program/Department Authorization

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Program/Department: \_\_\_\_\_

Program/Staff Contact Person \_\_\_\_\_ Date \_\_\_\_\_  
(Signature indicates recommendation to accept)

Dean/Vice President \_\_\_\_\_ Date \_\_\_\_\_  
(Signature indicates recommendation to accept)

## PART C

### College or Foundation Authorization

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Foundation Executive Director \_\_\_\_\_ Date \_\_\_\_\_  
(Signature indicates recommendation to accept)

Recommended recipient:  ARCC-Cambridge Foundation  ARCC-Coon Rapids Foundation

President \_\_\_\_\_ Date \_\_\_\_\_  
(Signature indicates acceptance)

CC:  
Accounting  
Dean  
Program/Staff Contact  
Foundations Executive Director  
Foundation Audit Files  
Donor