

THANK YOU FOR SUPPORTING USF

In-Kind Contribution Form



UNIVERSITY OF
SAN FRANCISCO

Office of Development

Donor: _____
Address: _____

Phone: _____
Email: _____

Date Goods Received: _____

If goods are to be used at a specific event:

Event Name: _____
Event Date: _____

List of goods received. Please attach receipt and/or invoice if available.

*Estimated Fair Market Value: _____

The University of San Francisco acknowledges receipt of the item(s) listed above. No goods or services were provided in consideration of above item(s).

For the University of San Francisco:

Signature: _____
Name: _____
Title: _____
Date: _____

*If the Fair Market Value stated is \$5000 and above, an independent appraisal is required.

(Rev. 02-28-18)