Stephen F. Austin State University
Gift-In-Kind Form

(for SFASU internal use only)

Please return this to: SFASU Office of Development
Austin Building Suite 303
Box 6092, SFA Station

Department Name: _____

Account Name: _____ **FOAP**: _____

Gift Description: _____

_____

_____

_____

Value of Gift: $ _____ *Please provide documentation of the value.

Include for all gifts a copy of any correspondence related to the gift(s).

Donor Name(s):_____

Address: _____

City, State Zip:_____

Phone Number: □Cell _____ □ Home _____

Email: □ Personal _____ □ Business _____

Contact Name, if donation is from a business:_____

This form was completed by:

Printed Name: _____ Phone #: _____

Signature: _____ Date:_____

If you have any questions, please contact the Office of Development at ext. 5406.