

JACKSON STATE UNIVERSITY DEVELOPMENT FOUNDATION, INC.

Please return form to:

JSU Box 17144

Jackson, MS 39217-0144 Phone: (601)-979-2282 Fax: (601)0979-3786

GIFT-IN-KIND DONOR FORM

Eve	Event Name (if applicable):	Event Date:	
Soli	Solicitor Name:		
PLEASE NOTE: Receipt cannot be issued without complete information.			
DO	DONOR INFORMATION		
	Donor is : □Individual □Organiz	cation/Company	
	Donor Name (as it should appear on receipt and in print):		
	Name of Contact Person (for Organization/Company):		
Cit	Address:	Iome Phone:	
Bus	Business Phone: E-mail address:	Home Phone:E-mail address:	
	ITEM INFORMATION		
Itei	Item Name:		
Estimated Fair Market Value of Item \$ (Determined by donor)			
Item Description (please specify color, size, material, time available, or other requirements):			
			
DO	DONOR INFORMATION		
Donor Signature: Date: The Donor Signature line must be signed to verify that the "estimated fair market value" amount was provided by the actual donor.		alue" amount was provided by the actual donor.	
The Jackson State University Development Foundation is a 501(c)(3) nonprofit organization, Tax I.D. No. 23-7061115.			
	Per IRS regulations, any item you value over \$500 requires IRS Form 8283; any ite		
and a written appraisal. Should you have any questions on the above, please refer to www.irs.gov publications 526 and 561 or consult your tax adviser.			
Ch	Cheek appropriate calcutions		
	Check appropriate selections:		
	☐ Tangible Item		
	☐ Certificate (if this donation is a gift certificate, please attach.)		
	□ Donor will provide a service or materials (e.g., brochures, photos, posters, et	c.) for intangible items.	
	☐ Item needs to be picked up. Location:	By (date):	
	Questions may be directed to the F gr ctvo gpv'of Dev	elopment at 601-979-2282.	