

GIFT PROCESSING FORM



The California State East Bay Educational Foundation encourages private gifts for the benefit of California State University East Bay and is the only entity authorized to accept gifts on behalf of the University. All gifts must be deposited with the Educational Foundation.

CSU EAST BAY Educational Foundation Tax ID# 94-6128893

Donor Information – List name and address of donor(s) or company representative. In case of multiple donors, please attach a list of individuals with gift amounts and addresses.

Donor Name: _____
Donor Address: _____
Donor Status: <input type="checkbox"/> Alumnus/Alumna <input type="checkbox"/> Emeritus/Emeriti <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Foundation <input type="checkbox"/> Corporation/Business Other: _____ <input type="checkbox"/> Matching Gift for _____ <input type="checkbox"/> Donor prefers to remain anonymous and not be listed in the Annual Report

Gift Information

Gift Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> In-Kind Gift* <input type="checkbox"/> Other: _____ Gift Amount: _____
Please attach all documentation accompanying the gift, including the envelope
*In-Kind Gift: Description: Indicate quantity, model number, manufacturer (sufficient to inventory equipment), securities, etc and whether it requires space, additional support materials, and/or services to operate. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Estimated fair market value or appraised value at time of receipt. By donor or agent <input type="checkbox"/> / Internal <input type="checkbox"/> Amount \$ _____
Formal appraisal? <input type="checkbox"/> Yes <input type="checkbox"/> No If value is \$5,000 or more, donor must also submit IRS Form 8283 and attach a third-party appraisal
Gift will be used for instructional purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Software License Gift: Donor: _____ Type: _____ Value \$ _____
Gift location (for tagging): Building: __ Room: __ Contact: __ Phone: __
Restricted for use by: _____

Form Completed by: Name: _____

Date: ____/____/____

Gift Approved/Rec'd by: _____ **Dept. Chair:** _____

Date: ____/____/____

Dean: _____

Date: ____/____/____

UA Representative: _____

Date: ____/____/____

Note: In accordance with University and Educational Foundation Policy, effective December 5, 2013 a portion of current use gifts will be used to defray the cost of gift administration and to encourage private support of the University.

Submit gift and accompanying documentation with this form to:

**Office of University Advancement
Gift Processing
SA 4800**