

**ANDREWS UNIVERSITY**  
GIFT IN KIND FORM

Date Received \_\_\_\_\_

Item(s) Received \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Department Donated to \_\_\_\_\_

Estimated Value \_\_\_\_\_

**(If over \$2,500, please provide a copy of the written estimate or appraisal.)**

Department Head Receiving Gift:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

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**For Vehicle Donations (cars, airplanes):**

VIN \_\_\_\_\_

Donor SSN/EIN: 3w -21m1