

**SALISBURY UNIVERSITY FOUNDATION, INC.**  
**P.O. BOX 2655**  
**SALISBURY, MARYLAND 21802**  
**PHONE (410) 543-6175**  
**FAX (410) 677-5039**

**GIFT IN KIND DOCUMENTATION**  
**(FOR USE WITH GIFTS VALUED AT LESS THAN \$5,000)**

DATE OF GIFT: \_\_\_\_\_

DONOR'S NAME: \_\_\_\_\_

DONOR'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF GIFT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FAIR MARKET VALUE OF GIFT (ASSIGNED BY DONOR):         \$ \_\_\_\_\_

I, \_\_\_\_\_, HEREBY GIVE, TRANSFER, ASSIGN AND DELIVER ALL THE  
OWNER'S RIGHTS, TITLE AND INTEREST IN AND TO THE PROPERTY DESCRIBED ABOVE, TO THE  
SALISBURY UNIVERSITY FOUNDATION, INC., RESTRICTED TO       Nabb Research Center      ,

AND ATTEST TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE ABOVE STATED FAIR MARKET  
VALUE IS ACCURATE.

\_\_\_\_\_  
DONOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DONOR'S SIGNATURE (IF JOINT GIFT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BUDGET ADMINISTRATOR'S SIGNATURE  
SALISBURY UNIVERSITY FOUNDATION, INC.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EXECUTIVE DIRECTOR'S SIGNATURE  
SALISBURY UNIVERSITY FOUNDATION, INC.

\_\_\_\_\_  
DATE