

GIFT ACCEPTANCE

Date: _____

Nature of Gift: _____

Relationship to College Needs: _____

Source of Gift:

Name: _____

Address: _____

Conditions for Acceptance: _____

Initiator: _____

Institute/Division: _____ **Extension:** _____

SIGNATURES OF APPROVAL:

Dean/Chair: _____

Date: _____

Vice President: _____

Date: _____

(of the Institute or Department accepting the gift)

Director of Grants: _____

Date: _____

President: _____

Date: _____