

DONOR INFORMATION

_____	_____	_____	_____
Title	First Name	Initial	Last Name

Address			

_____	_____	_____	_____
City	Province/State	Postal/Zip Code	Country

_____	_____		
Phone (Home)	Email		

Description of Gift: _____

GIFT DETAILS

Conditions (if any) relating to the gift (usage, display, faculty/department, etc.): _____

Campus Location of Gift (if applicable): _____

APPROVALS

_____	_____
Signature of Donor	Date
_____	_____
Staff Member Accepting Gift	Date
_____	_____
Dean/Department Head	Date

APPRAISER

_____	_____		
Name of Appraiser	Phone		

Address			
_____	_____	_____	_____
City	Province	Postal/Zip Code	Country

Appraised Value			

Mail to: Development & Donor Relations University of New Brunswick P.O. Box 4400 Fredericton, NB E3B 5A3 Phone: (506) 453-5053 P.O. Box 5050 Saint John, NB E2L 4L5 Phone: (506) 648-5989 devdr@unb.ca unb.ca/donations

Charitable Registration Numbers: Canadian No. 10816 2025 RR0001 United States No. 23-710-3810