

## B GIFT-IN-KIND FORM

DONOR INFORMATION	Title First Name		Initial	Initial Last Name			
	Address						
	City		Province/Sta	nte Posta	al/Zip Code	Country	
	Phone (Home)		Email				
GIFT DETAILS	Description of Gift:						
	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 receive	Date received by University			
	Dean/Depart	ment Head	Date		-		
APPRAISER							
	Name of Appraiser Pl		Phone				
	Address						
	City		Province		Postal/Zip Code	Country	
	Appraised Va	lue					

Charitable Registration Numbers:

Mail to:

Development & Donor Relations

University of New Brunswick

Canadian No. 10816 2025 RR0001

Phone: (506) 648-5989 unb.ca/donations

donation@unb.ca

United States No. 23-710-3810

P.O. Box 5050 Saint John, NB E2L 4L5

P.O. Box 4400 Fredericton, NB E3B 5A3

Phone: (506) 453-5053