## UNIVERSITY OF FLORIDA FOUNDATION, INC. 2012 W. UNIVERSITY AVENUE POST OFFICE BOX 14425 GAINESVILLE, FL 32604

## GIFT-IN-KIND INFORMATION FORM (UFF-P)

SUBMIT TO: UF FOUNDATION GIFT PROCESSING 392-9876

	Date:
Name and Title of the UF staff member who t	
Type or Print	Signature
Date gift received at UF:	Custodian of Property:
Location of Property:	
DONOR INFORMATION	
Entity ID:	
Full Mailing Name:	
City, State, Zip:	
PURPOSE OF GIFT Describe l	how this item will be used by the University of Florida.
SOURCE OF FUNDS NAME/NUMBER	
VALUE OF GIFT	
\$ Please attach a copy of app	oraisal or other valuation support. Attach a copy of the transfer documentation
(Deed of Gift, Letters of Transmittal, etc.) to t	his form.
Prepared by:	Phone # & Ext:
•	F-B) must be submitted with this form. A Source of Funds (SOF) st be submitted for any new SOF. If a new SOF is to be established,

enter program name instead of SOF number.