Associated Students, Incorporated **STUDENT ORGANIZATION GIFT RECORD**

California State University, Long Beach *Submit with deposit to A.S. Business Office, USU-229*

**PART 1: DONOR INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | | |
| Home Address: | | | |
| Business Address: | | | |
| Telephone: | Fax: | | Email: |
| Corporate Contact: | | Contact Title: | |

**PART 2: GIFT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Student Organization: | | Program (if applicable): |
| Restrictions on use of this donation (if available, attach donor correspondence): | | |
| Gift Amount:  $ | Gift Type:  Cash  Check  Credit Card | |
| Were any goods or services provided to the donor in exchange for this donation? (If yes, please provide a description of those goods or services and state their fair market value, or “FMV”).  Yes  No FMV: $ | | |
| Is this gift being made in honor or memory of an individual?  Honor  Memory | | Name of any person in whose memory or honor this donation is being made: |

**PART 3: FORM PREPARED AND SUBMITTED FOR ACCEPTANCE BY:**

|  |  |  |
| --- | --- | --- |
| Name of Preparer: | Date: | Phone: |
| Signature of Preparer: | | Date: |