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:  |