

HUMBOLDT STATE UNIVERSITY
AS PROGRAMS

DONATION ACKNOWLEDGEMENT

AS Program Account # _____

This form should be completed by any AS AS Program receiving a donation. Turn completed form into the Gift Processing Center (SBS 285). A letter (sufficient for donor's tax purpose) will be sent to the organization which made the donation.

DONATED TO: _____
HSU AS PROGRAM NAME

AS PROGRAM PERSON TO CONTACT

PHONE NUMBER

DONATED BY: _____
ORGANIZATION NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE

DATE DONATION RECEIVED: _____

DONATION DESCRIPTION: *(include value)* _____

CASH CHECK IN KIND DONATION

DONATION USED FOR: _____

FOR UNIVERSITY ADVANCEMENT USE
ONLY REVIEW FOR ACCEPTANCE OR
REJECTION

University Advancement Accept Reject

Signature / Title: _____ Date: _____

Upon acceptance, University Advancement will acknowledge the donor and provide written confirmation for tax purposes.