

**VALUE RECEIVED
DONATION TRANSMITTAL FORM
UCF FOUNDATION, INC.**

To: UCF Foundation, Inc. Foundation

Date: _____

Project Name: _____

Subject: _____

Foundation Project #: _____

	D E T A I L S	A M O U N T	
		C A S H	C H E C K
1.	1) Total Amount Rec'd:		
	2) Fair Market Value:		
	3) Deductible Portion:		
Contact Person:	4) Item Description:		
2.	1) Total Amount Rec'd:		
	2) Fair Market Value:		
	3) Deductible Portion:		
Contact Person:	4) Item Description:		
3.	1) Total Amount Rec'd:		
	2) Fair Market Value:		
	3) Deductible Portion:		
Contact Person:	4) Item Description:		
4.	1) Total Amount Rec'd:		
	2) Fair Market Value:		
	3) Deductible Portion:		
Contact Person:	4) Item Description:		
5.	1) Total Amount Rec'd:		
	2) Fair Market Value:		
	3) Deductible Portion:		
Contact Person:	4) Item Description:		
T O T A L			

Completed by: _____ **Phone #:** _____ **Plus 4:** _____

Signature: _____

I certify that the donor's intent is for the donation listed above to be designated to the project as indicated. Unless documented on the form, there were no goods or services provided to the donor in exchange for their donation.

- Use a separate form for each project.
- When goods or services are received in exchange for the gift (examples: attendance to event and/or advertising with sponsorship, sale of auction items, etc.), the information listed above must be completed in order to properly acknowledge the donor.
- Documentation supporting the Fair Market Value should be attached. Please refer to Foundation policies.