

California Maritime Academy Foundation, Inc.

Gift Acceptance Form (GAF)

(Required for all gifts of \$5,000 or more)

A. Donor Name: _____

B. Donor Address: _____

City State ZIP

C. Donor Telephone #: _____

D. Description of Gift: _____

E. Estimated Value of Gift: \$ _____

F. Academy Department Assignment: _____

This section to be completed by Department:

G. Describe how this gift will support the educational mission of the California
Maritime Academy. _____

H. Department recommends _____ ACCEPTING _____ NOT ACCEPTING gift.

I. Department contact: _____ () _____ - _____

Gift Acceptance authorized _____

Tom Dunworth, VP/CMAF

Date

President's approval _____

(required for non-cash gifts over \$100,000)

William B. Eisenhardt, President

Date