Gift Acceptance Form (GAF)

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 s	section to be completed by Dep	partment:		
G.	Describe how this gift will support the educational mission of the California			
	Maritime Academy			
H.	Department recommends _	ACCEPTIN	GNOT ACCEPT	ING gift.
l.	Department contact:		()	
	Gift Acceptance authorized	Tom Dunwoi	h VP/CMAF Date	