



**Higher Education Gift Disclosure Act (24 P.S. §§ 6301—6307)
2015-2016 ASSURANCE OF COMPLIANCE**

INSTITUTION INFORMATION	
Institution	
Address	
City	
State	
Zip Code	

DISCLOSURE OF GIFT	
Name and Address of Donor of the Gift (attach additional pages if necessary)	
Subject of Each Gift	
Date of Gift	
Amount of Gift	
Description of any terms, restrictions or conditions imposed on the college or university by the terms of the Gift	
Provide a detailed description of the purpose for which the Gift will be used by the college or university, including the identification of the persons whom the Gift is explicitly intended to benefit	

Provide the nationality and country of residence if the foreign source is an alumnus of your institution, the gift is for the benefit of the institution as a whole, and there are no conditions, restrictions, requirements, matching provisions or designations attached to the gift.

DONOR(S)	NATIONALITY	COUNTRY OF RESIDENCE
Alumni Donor 1		
Alumni Donor 2		
Alumni Donor 3		
Alumni Donor 4		

ASSURANCE SIGNATURE	
Name of Person Authorized to Complete Certification	
Title	
Telephone Number	
E-mail Address	
Signature	
Date	

Please e-mail signed form to RA-higheredreporting@pa.gov not later than the due date for the Federal return of organizations exempt from income tax.