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**University Acceptance of Gift Agreement**

**Donor Name:**

**ASU Beneficiary:**

**Name of Account (per gift agreement):**

**Account Number:**

**Development Contact:**

My signature below indicates that I have reviewed the Gift Agreement for this commitment. I agree with its terms and intent, and, as the ASU Beneficiary, I accept responsibility for its implementation.

**DEAN**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**Name:**

**Title:**