

U.S. Department of State

*OMB APPROVAL NO. 1405-xxxx ESTIMATED BURDEN: 5 Minutes EXPIRATION DATE: xx-xx-xxxx

DONOR FORM - CORPORATE OR FOUNDATION

Date (mm-dd-yyyy)
Ms. Frances Gidez Gift Funds Coordinator U.S. Department of State 2201 C Street, NW Room 7427B, M/EDCS Washington, DC 20520
Dear Ms. Gidez,
has made the following unconditional gift to the U.S. Department of State:
Cash (check):
In-Kind Gift: Please describe the item(s) below and then list the value of the contribution (e.g., 2 pieces of American artwork, including the cost of shipping, valued at \$XX).
We would prefer that this gift be used for the following purpose:
The following is a list of subsidiaries/affiliates of (Company or Foundation):

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	our subsidiaries and/or affiliates have pending before the Department of State. Please also ment of State that would substantially affect you or your subsidiaries and/or affiliates.
(Company/Foundation) that might involve the Department of State or embassy.	has no business pending before the Department of State and no matters likely to arise that
	has the following business pending before the Department of State and or the following partment of State, or embassy.:
Name	
Signature	
Title	
Point of contact if different from the name listed from t	he name above
Return Mailing Address for Acknowledgment Purpose	s

Privacy Act Statement and Paperwork Reduction Act Statement

AUTHORITIES: The information is sought pursuant to: (1) Foreign Service Buildings Act of 1926, Sec. 9, as amended (22 U.S.C. 300); (2) State Department Basic Authorities Act of 1956, Sec. 25, as amended (22 U.S.C. 2697); (3) Foreign Gifts and Decorations Act, as amended (5 U.S.C. 7342 and 22 CFR 3); (4) Mutual Educational and Cultural Exchange Act, Sec. 105(f), as amended (22 U.S.C. 2455(f)).

PURPOSE: The principal purpose of gathering this information is to maintain a record of Gift Fund donations and to demonstrate the donor's intention to donate either an in-kind gift or monetary gift.

ROUTINE USE: The information on this form may include details regarding the type of donation. The form is not distributed to any entity outside the Department of State. However, information may be reported to Congress if requested.

DISCLOSURE: Providing this information is voluntary. However, failure to provide the information requested on this form may result in the following: misallocation of an accepted donation; excessive delay in receiving the donation; or return of the donation to the donor.

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: M/EDCS, U.S. Department of State, 2201 C Street NW., HST, Room 7427B, Washington, DC 20520, Fax: 202-647-8194.

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