

# WHITE HOUSE GIFT REGISTER

For President/First Lady

*Please Complete as Thoroughly as Possible*

Gift and Register to: White House Gift Unit

Room 457, OEOB

456-7133

|                                   |                               |                      |
|-----------------------------------|-------------------------------|----------------------|
| Gift Accepted By or Presented To: | Date Gift Received/Presented: | Date Form Filled In: |
|-----------------------------------|-------------------------------|----------------------|

Title and Office:

|                                  |                                    |                                     |                                                 |                                                                              |
|----------------------------------|------------------------------------|-------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------|
| <b>GIFT<br/>INTENDED<br/>FOR</b> | <input type="checkbox"/> President | <input type="checkbox"/> First Lady | <input type="checkbox"/> President & First Lady | <input type="checkbox"/> Other First Family Member ( <i>indicate below</i> ) |
|                                  |                                    |                                     |                                                 |                                                                              |

|                              |                                                                                                                                       |  |                                                                       |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|
| <b>DONOR<br/>INFORMATION</b> | <b>DONOR INFORMATION</b>                                                                                                              |  | <b>PRESENTED BY</b>                                                   |
|                              | Name of Donor: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other |  | Presenter: ( <i>if other than Donor</i> )                             |
|                              | Address: ( <i>please include Zip Code and Country if applicable</i> )                                                                 |  | Address: ( <i>please include Zip Code and Country if applicable</i> ) |

|                             |                                                                                          |                           |
|-----------------------------|------------------------------------------------------------------------------------------|---------------------------|
| <b>GIFT<br/>INFORMATION</b> | Circumstances of Presentation: ( <i>including date, location, and purpose of event</i> ) | Brief Description of Gift |
|                             |                                                                                          |                           |

|                       |                                                                                                      |                                                     |
|-----------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>ACKNOWLEDGMENT</b> | <input type="checkbox"/> Copy Attached                                                               | <input type="checkbox"/> To be Handled by Gift Unit |
|                       | Coordinate Acknowledgment with other office: ( <i>i.e. Hospitality, NSC, State - specify below</i> ) |                                                     |

|                                   |         |           |                                                   |
|-----------------------------------|---------|-----------|---------------------------------------------------|
| <b>REPORT<br/>PREPARED<br/>BY</b> | Name:   |           |                                                   |
|                                   | Office: | Room No.: | Telephone No. ( <i>please include area code</i> ) |

|                           |  |
|---------------------------|--|
| <b>OTHER<br/>COMMENTS</b> |  |
|---------------------------|--|