

GIFT TRANSMITTAL FORM

DATE REC'D	CASH	CHECK	CREDIT CARD					
	\$	\$	\$	NAME ON CARD				
		Check #		CARD NUMBER				
				EXP DATE	VISA	MC	DISC	AMEX

DONOR INFORMATION

HARD CREDIT	ADDRESS	PHONE NUMBER
NAME:	(H)	(H)
UID:	(W)	(W)
CONTACT NAME (IF ORG):		
SOFT CREDIT	ADDRESS	PHONE NUMBER
NAME:		
UID:		
NAME:		
UID:		
HONOR / MEMORIAL GIFT		
<input type="checkbox"/> Honor <input type="checkbox"/> Memory of	Notify	Address
<input type="checkbox"/> Honor <input type="checkbox"/> Memory of	Notify	Address
<input type="checkbox"/> Honor <input type="checkbox"/> Memory of	Notify	Address

ANONYMOUS DONATION
(Donor's name will not be published or publicly recognized)

TRANSACTION DETAILS (Note multiple designation splits on separate rows)

Gift Amount	Solicitation Method	Solicitor Name/UID	Amount of Solicitor Credit**	Purpose / Designation	Designation (Fund) Number

**Dollar amount to credit solicitor(s); not to exceed total amount of gift.

QUID PRO QUO INFORMATION

Item(s)/Benefit(s) given in exchange for gift	Estimated value

No goods or benefits were given in exchange for this gift

PLEDGE PAYMENT INFORMATION

<input type="checkbox"/> NEW PLEDGE (pledge agreement and payment schedule attached)	COMMENTS/ADDITIONAL INFORMATION
<input type="checkbox"/> PLEDGE PAYMENT	
<input type="checkbox"/> THIRD PARTY PAYMENT (NAME AND UID OF DONOR WHO MADE THE PLEDGE THAT IS BEING PAID BY A THIRD PARTY):	

DEPARTMENT/DIVISION INFORMATION

PREPARED BY	TELEPHONE NUMBER	COLLEGE / DEPARTMENT	DATE PREPARED
COMMENTS OR ADDITIONAL INFORMATION ON DONOR / GIFT. PLEASE ADD RELEVANT INFORMATION HERE FOR ACKNOWLEDGEMENT LETTER IF GIFT IS \$10,000+.			