

GIFT TRANSMITTAL FORM

DONOR INFORMATION

HARD CREDIT	ADDRESS	PHONE NUMBER
NAME:	(H)	(H)
CRM ID:	(W)	(W)
CONTACT NAME (IF ORG):		
SOFT CREDIT	ADDRESS	PHONE NUMBER
NAME:		
CRM ID:		
NAME:		
CRM ID:		
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(Donor's name will not be published or publicly recognized)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	Solicitor Name	Designation Name	Designation Number/FOAPAL

QUID PRO QUO INFORMATION

Item(s)/Benefit(s) given in exchange for gift	Estimated Fair Market 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 CRM ID 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			

Credit card information will be detached & shredded once the transaction has been processed by the U of M Foundation

DATE REC'D	CASH	CHECK	CREDIT CARD	NAME ON CARD					
	\$	\$	\$						
		Check #	Last 4:	EXP DATE	VISA	MC	DISC	AMEX	
			V ___ MC ___ DC ___ AMEX ___	CARD NUMBER					