



# Gift Transmittal Form

University Advancement Services

Clark Hall, Room 329 Ext. Zip: 0184  
Phone: 924-1799 Fax: 924-1512

Date: \_\_\_\_\_

Prepared by: \_\_\_\_\_

*(Staff member who completed this form.)*

From: \_\_\_\_\_  
*(Staff member responsible for obtaining gift.)*

Letter or correspondence attached \*

## DONOR INFORMATION

Source:

Individual

Company

Alumni

Friend

Corporation

Foundation

Other Non-Profit

Parent

Faculty/Staff/Emeritus

Family Trust

Hard Credit: *(Person/Company that will receive official tax receipt.)*

Benefactor ID #: \_\_\_\_\_

Home/Business Address: \_\_\_\_\_

Name of Donor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Soft Credit: *(Donor will be acknowledged or recognized for gift, but will not receive a tax receipt.)*

Benefactor ID #: \_\_\_\_\_

Home/Business Address: \_\_\_\_\_

Name of Donor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## GIFT INFORMATION

Outright Gift

Pledge Payment

Matching Gift

Check/Cash/Credit Card: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Gift Value of Stock: \$ \_\_\_\_\_

Number of Shares: \_\_\_\_\_

Stock Name: \_\_\_\_\_

Designation(s): \_\_\_\_\_

*(Account where funds will be deposited.)*

Designation Name(s): \_\_\_\_\_

*(Name of account where funds will be deposited.)*

Gift Type:

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

**Comments/Special Instructions:**

\_\_\_\_\_  
\_\_\_\_\_

*\*Please provide all necessary information or there will be a delay in depositing checks, cash or credit cards.*

Revised August 2006