

IMPORTANT: Attach original supporting documentation and copies of other correspondence and envelopes.

PAYMENT METHOD CASH CHECK CREDIT CARD SECURITIES

DONOR INFORMATION

Individual: Gender _____ Alumni Faculty/Staff Friend Parent
Organization: Foundation Corporation Other _____

RE ID _____ Donor _____

ACKNOWLEDGEMENT ADDRESS

Do Not Solicit

Contact Person (for Organizations) _____ Title _____
 Address _____ Phone _____ Type _____
 _____ Email _____ Business Personal

GIFT INFORMATION

Tribute Gift	<input type="checkbox"/> In Honor <input type="checkbox"/> In Memory Of (Name) _____		
	Send Notice to _____		
	Relationship to Individual _____		
Soft Credit	_____		
Solicitor(s) and %	_____		
Link to Proposal?	<input type="checkbox"/> Yes Proposal Name _____		
Special Handling	_____		
Gift Type	<input type="checkbox"/> New Gift/Pledge	<input type="checkbox"/> Pledge Payment	<input type="checkbox"/> Bequest Payment <input type="checkbox"/> Other _____
New Pledge \$	Payment Schedule:	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annually	Note: Multi-year major gift pledges require signed agreement.
	Start Date _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
	# of Payments _____	<input type="checkbox"/> Other _____	
Gift Amount \$	Fund Name	RE Fund ID #	

Did the donor receive any benefits in exchange for this payment?
 Description of Benefits _____ No Yes, Indicate Value _____
 Net Contribution _____

Authorized Advancement Officer, Designee (MAR if Non-Gift): _____ Contact Person for Questions on this Form: _____
 Name _____ Ext# _____ Name _____
 Signature _____ Date _____ Ext# _____ Same as Authorized Signer