

Gift Transmittal

portion of the gift.	orrespondence from th Submit credit cards, o kind donation paperv	cash, and chec <mark>l</mark>	ks on separate tra	
Date	Submitted By		Dev. Officer	
Department	Phone		e #	
		or Adv ID(s)		
Donor address (st	reet), if no Adv ID listed ty/state/zip)	d	` '	
Organizational Co Associated Credit:				(please provide title)
Amount	ount Allocation (# or name)		Pledge # (if payment)	Appeal Code
Gift Method: Personal Check Corporate Check Cash Credit Card Did the donor receive any benefit associated with this gift? No Yes Value of the Benefit: Description of Benefit: Is this gift anonymous? No Yes (please attach appropriate paperwork) Is this gift in honor of? No Yes, in honor of Is this gift in memory of? No Yes, in memory of Estate Contact: Is this gift Match Eligible? No Yes (Please attach donor's form) Comments or special instructions:				
Additional acknow donor listed above	e a tax receipt from the ledgements will be sen	t by the Office of		fts \$2,500+ to the