

Gift Transmittal Form

Advancement Services Gift Processing AAB 101T P: 801-957-5121

- Please turn in this form with any gift submission to Advancement Services for Gift Processing. Reference the listed options below for their respective fields.

*Constituency Type: -Alumni, Corporation/Business, Current Parent, Current Student, Foundation, Faculty, Friend, Staff, or Other.

*Transaction Type: - Gift, Planned Gift, Pledge Payment, Recurring Gift Payment, Stock/Property, or Other. *If you have a Gift in Kind, please use the standard GIK form.*

*Payment Type: - Cash, Personal Ch	eck, Business Chec	k, ACH/V	Vire Trans	sfer, Credit (Card, Direct De	bit, or	r Other	r.	.,			
Donor Name and Address Info	rmation											
Donor (Required)				SID#				Constituency Type				
Home Address & Phone Number (required)				Bus Addr & Phone:					Anonymous? No name in published donor lists. This gift is Anonymous.			
Email Address								Bus. Email				
Gift Information												
Transaction Type	Total Amount or	Total Amount or Value (US \$)		Donor Advised Fund Family Foundation				Name of DAF or Family Foundation				
Payment Type	Check Date	Check Date		Card Type AMX	MC DIS	- 1	Credit C	Card Num	nber		Exp. Date	
Solicitor(s) if applicable	Direct Debit Banking Institu			ution				Routing	Number	Bank Acco	Bank Account	
Gift Designation Information												
Amount (Required)	College/Department			Index Number				Fund Name Designation (Required)				
Additional Information												
Should another donor/organizatio	n be soft credited f	for this g	ift?		Should the Proposal			nked to a	proposal?			
Is this gift in honor or in memory of anyone? In honor of				n memory of Acknowledg			vledge	gee Information (If applicable)				
Enter the honoree's name												
Restrictions – Please indicate if the gift is restricted by the donor in any way								Will this gift be matched? Yes No Matching Company Name:				
Form Submitted and Prepared	Ву:											
Name of Form Preparer (<i>Required</i>)				Email Address (Required)				Phone (Required)				
Department Name of Advancement Officer				Sign			Signa	Date			ate	
Advancement Services Intern	nal Use Only:											
Date Received: Received By:			ı			Misc	Misc/Notes:					