

Gift Processing Form

Send To: Advancement Services
Degheri Alumni Center 312
Extension 4639

All information on this form must be completed before we are able to process this gift.

A. Donor

Entity ID: _____ Name: _____

Record Type: Individual Corporation Foundation/Organization Estate/Trust

Note: If the donor is a **new corporation** or **foundation/organization**, complete and attach an [Add/Change form](#).

B. Gift Type	Pledge payment on existing pledge				Cash	Credit Card
	Pledge agreement (Include pledge agreement or EOF)				Check/Money Order	Credit card number must be handwritten. Do not retain a copy of this form with credit card information
	Send pledge reminder?		Yes	No	# _____	
	If yes , indicate how often:	Monthly	Quarterly	Semi-Annual	Annual	ACH/Wire Transfer
Initial pledge payment date: _____					Stock	Exp. Date: _____

C. Gift

Is this an anonymous gift? Is there a return of funds clause? Are there deliverables?

Is this donor a stewardee? Campaign Gift? IRA Gift?

	<u>Allocations</u>	<u>Distribution</u>
Appeal Code: _____	Acct. # _____ \$ _____	
Gross Amount: \$ _____	Acct. # _____ \$ _____	
Minus Premium Amount: \$ _____	Acct. # _____ \$ _____	
NET AMOUNT: \$ _____	Acct. # _____ \$ _____	

Premium Description/Tribute/Stock Info/Pledge Payment Schedule/Misc. Comments:

D. Soft Credit	Entity ID: _____	Donor Name: _____
	Entity ID: _____	Donor Name: _____
	Entity ID: _____	Donor Name: _____
	Entity ID: _____	Donor Name: _____

E. Associated Credit	Entity ID: _____	Donor Name: _____
	Entity ID: _____	Donor Name: _____
	Entity ID: _____	Donor Name: _____
	Entity ID: _____	Donor Name: _____

F. Gift Officer Credit	DOD Name: _____	DOD Name: _____
	DOD Name: _____	DOD Name: _____

G. Completed By

Name: _____ Dept: _____ Ext: _____ Date: _____