



PART 1: DONOR INFORMATION

Name:		
Home Address:		
Business Address:		
Telephone:	Fax:	Email:
Corporate Contact:		Contact Title:

PART 2: GIFT INFORMATION

Student Organization:	Program (if applicable):
Restrictions on use of this donation (if available, attach donor correspondence):	
Gift Amount: \$	Gift Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
Were any goods or services provided to the donor in exchange for this donation? (If yes, please provide a description of those goods or services and state their fair market value, or "FMV"). <input type="checkbox"/> Yes <input type="checkbox"/> No FMV: \$ _____	
Is this gift being made in honor or memory of an individual? <input type="checkbox"/> Honor <input type="checkbox"/> Memory	Name of any person in whose memory or honor this donation is being made:

PART 3: FORM PREPARED AND SUBMITTED FOR ACCEPTANCE BY:

Name of Preparer:	Date:	Phone:
Signature of Preparer:		Date: