UNIVERSITY ADVANCEMENT
GIFT ACCEPTANCE FORM

* Donor Name (Last, First, MI):

* Raiser's Edge NXT ID# (if available):

Send a letter to an address on the check [ ] Yes [ ] No
If No, Provide Mailing Address, Phone, Email

Comments:

Donor wishes to remain anonymous [ ]

* Gift Allocation:

   [ ] Endowed Use
   [ ] Current Use

Department Name(s):

Fund Name(s) and Number(s) (if available) and more information:

Name:

Accepted by Fundraiser:

Accepted by AVP of Development:

Date Accepted by Advancement Services:

Gift Amount:

[ ] Cash
[ ] Check # __________
[ ] Pledge
[ ] Pledge Payment
[ ] Online Gift
[ ] Bequest
[ ] Existing Proposal

Pledge Frequency:

[ ] Monthly
[ ] Quarterly
[ ] Semi-Annual
[ ] Annual Number of Years _____
[ ] Custom If Custom, specify the schedule:

Type of Bequest:

[ ] Testamentary
[ ] Irrevocable
[ ] In Memory of:
[ ] In Honor of:
[ ] On Behalf of:

If organization, provide a contact name and a business title for acknowledgement letter:

Complete this section for event tickets:

Ordinary Gift (tax deductible donation)

Fundraising Revenue (benefits or goods & services that donor receives)

Signature: ____________________________ Date: ____________

1/2024 IK