



**SAN FRANCISCO
STATE UNIVERSITY**

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:

Reset Form

Print Form

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: