



Gift/Pledge Transmittal Form - Organizations

Gifts Processing & Admin.
105 E Main Street
(302) 831-4333

Fields marked with * are required

DONOR NAME AND ADDRESS INFORMATION

Donor Organization Name*	Advance Entity ID#	Entity Type
Organization Contact Name*	Org. Contact Phone*	Org. Contact Email*
Business Address		Anonymity Requirements—provide details

GIFT AND PAYMENT INFORMATION

Gift or Pledge*	Total Gift Amount	Payment Type	Pay Schedule	Payment Amts.	Appeal/Source Code
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NOTE: All documentation for credit card gifts—including this form—must be hand-delivered to the Office of Gift and Record Management

Credit Card Type	PRINT FORM AND THEN HAND WRITE NUMBER	Cardholder Name	Exp. Date(mm/yy)	
V MC D AMEX				
Total Amount or Value (USD)	Value of Premium/Benefit Rec'd	Premium/Benefit Description		
Name of Stock (Company)	# of Shares	Date of Transfer	Broker Name	Broker Phone

GIFT DESIGNATION

Amount*	Proposal ID	Account Code/Allocation Name	New Fund? Y/N	Department

ADDITIONAL INFORMATION

Should another entity be given associated credit for this gift? Please provide name, Advance ID#, and any other additional information.

Is this a gift In Honor or In Memory of anyone? Please provide the honoree's name, Advance ID#, address or memorialized person's name.

Restrictions – Please indicate if the gift is restricted by the donor

Description of Gift In-Kind	Value (if <\$5,000; if \$5,000+, attach appraisal document)
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FORM PREPARED AND SUBMITTED BY

Name of form preparer*	Department*	Email*	Phone*
Gift Officer (if different from preparer)	Department*	Email*	Phone*
Is there a corresponding Gift Commitment Document (Gift Agreement, Letter of Intent)?	Yes	No	

Comments