



Legal Constituent Details:

Full Name: _____ **Lookup ID:** _____
 Address (if new donor or updated info): _____
 Phone: _____ Email: _____

Recognition Credit Details:

Full Name: _____
 Full Name: _____
 Address (if new donor or updated info): _____
 Phone: _____ Email: _____
 Relationship to Legal Donor: _____

Revenue Details:

Total Revenue Amount: \$ _____ Check Cash Credit Card
 Matching Gift Form Attached Gift is Anonymous

Designation	Description	Amt	Benefit Amt	Benefit Type	Appeal Code	Pledge (Y/N)

Opportunity Details:

Plan Name: _____
 Plan Manager: _____ **Opportunity Amount:** _____

Tribute Details

in honor of in memory of in celebration of

Tributee Name: _____
 Address (if new donor or updated info): _____
 Acknowledgee: _____
 Address (if new donor or updated info): _____
 Relationship to Tributee: _____

Submitted by: _____ School/Unit: _____
 Phone: _____ Email: _____ Date: _____

Comments/Notes: _____

Credit Card Information: *If credit card information is included here, gift transmittal form must be hand delivered for PCI compliance. Do not send via intra-campus mail.*

Name as it appears on card: _____
 Card Type: Visa MasterCard American Express Expr Date: _____
 Card Number (must be handwritten): _____