

Gift Transmittal/Donation Form



Utah Valley University Foundation | 800 W University Parkway MS111, Orem, UT 84058 | (801) 863-8205 | AL205
(Make checks payable to UVU Foundation)

Amount of Donation: \$ _____ Date received by UVU Representative: _____
Gift Designation: _____ Index/Fund #: _____
Solicitor Responsible for this gift: _____ Extension: _____
Person Reporting this gift: _____ Extension: _____
Special Instructions: _____

Donor Information: (Per IRS rules, the receipt usually goes to the name on the check.)

☐ Individual: (Please print their full name.)

Name _____ Raiser's Edge ID# _____
Address _____
City _____ State _____ Zip _____
Phone #s: Home _____ Bus. _____ Cell _____
Email address _____

☐ Business or Organization: (If available, please attach a copy of their business card.)

Name _____ Raiser's Edge ID # _____
Contact person _____ Title _____
Address _____
City _____ State _____ Zip _____
Phone #s: Office _____ Cell _____ Other _____

Anonymous Donor? ☐ Yes ☐ No

Donation Type:

Cash: \$ _____ Check #: _____

Credit Card: See box at the bottom of this form. This box will be shredded after the credit card has been charged.

Proposal: Is this gift attached to a proposal? ☐ Yes ☐ No

Gifts or Services: Were any gifts of services provided to the donor? ☐ Yes ☐ No

If Yes, please check what was given to the donor by UVU and the fair market value of each item:

| | |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> Meal | Value: \$ _____ |
| <input type="checkbox"/> Gift | Value: \$ _____ |
| <input type="checkbox"/> Golf | Value: \$ _____ |
| <input type="checkbox"/> Other | Value: \$ _____ Describe: _____ |

Pledge: Does this gift apply to an existing pledge? ☐ Yes ☐ No

Name on pledge: _____

Soft Credit: List any others to be soft-credited (spouse, business owner, co-owners, etc.)

Name: _____
Address: _____
Relationship: _____
(If there are any others, please attach their information.)

Matching Gift: Will the donor be submitting a matching gift form from his/her employer? ☐ Yes ☐ No

Transfer of Funds:

Does this gift need to be transferred to your Banner index # now? If yes, enter your Banner #: _____
The donation will remain in the Foundation until needed by your UVU unit. Please E-mail Sandy Capell at capellsa@uvu.edu with your Banner index # when it needs to be transferred.

| | | |
|--|---------------|------------------|
| <input type="checkbox"/> VISA <input type="checkbox"/> MCard <input type="checkbox"/> Discover <input type="checkbox"/> AmEx | Card #: _____ | Exp. Date: _____ |
| Name (as it appears on card): _____ (Card Security Code is not necessary.) | | |