

Gift Transmittal Form – CASH GIFTS

University of Idaho Foundation

Mary Forney Hall, Room 102A
875 Perimeter Dr MS 3143, Moscow, ID 83844-3143
(208-885-4000) or gifts@uidaho.edu

INSTRUCTIONS: Complete this form; attach checks/cash and **copies of all supporting documentation. ENTIRE FORM MUST BE FILLED OUT IN ORDER FOR THE GIFT TO BE PROCESSED.** Submit to the Foundation Office. Please contact us if you have any questions.

SECTION I: UNIVERSITY INFORMATION

College/Department Transmitting Gift: _____ Date: _____

Department Contact Person: _____ Phone: _____

E-Mail Address: _____

SECTION II: DONOR INFORMATION – ATTACH COPIES OF DOCUMENTATION

Note: multiple checks/cash for the same **designation** may be batched with one form; however this section **must** be completed. Indicate "BATCH" for Donor Name, and attach a separate list containing all of the below information **for each donor.**

Donor Name: _____ Donor V#: _____

If Donor is a Company/Foundation/Organization:

Contact Person: _____ Contact V#: _____

Title: _____ Phone Number: _____

Donor or Contact Person: Street Address: _____

City: _____ State: _____ Zip: _____

| | | |
|---|---------------------|-----------------------|
| For organization gifts, who should receive the receipt? | ORGANIZATION | CONTACT PERSON |
| For organization gifts, should the contact person receive soft credit for the gift? | YES | NO |

SECTION III: CASH GIFTS INFORMATION

Amount of Gift/Batch Total: \$ _____ Is this a pledge payment? (Y/N) ___ Pledge #: _____

Should this gift be applied to a proposal? (Y/N) ___ Proposal Name: _____

★ **Designation Code (i.e. MF000)** _____ *THIS LINE **MUST** BE FILLED OUT IN ORDER TO PROCESS THE GIFT

Designation Name: _____

Special Instructions: _____

Is this gift in honor of, or in memory of an individual? **In Honor Of** **In Memory of**

If **YES**, List individuals name: _____

SECTION IV: SIGNATURES AS REQUIRED BY COLLEGE/DEPARTMENT

| | | | |
|---------------------------------------|------|---------------------------------|------|
| Approved College/Department Signature | Date | Secondary Signature (if needed) | Date |
|---------------------------------------|------|---------------------------------|------|