 

**Gift Transmittal**

**Donor Information: Person Preparing Form:**

Advance ID#:

Appeal Code:  Phone: (919)

Faculty Support: Advance ID:       Name:

Proposal #:       Cell #:

Donor’s Full Name:       Date Check Received:

Donor’s Address:       Donor Type:

      Donor Information:

Phone:       Cell:

Preferred Phone:

E-mail:

**Recognition (Soft) Credit: Matching Gift Information:**

Name:       Company:

Advance ID#:      Advance ID#:

Address (if not in Advance):       Employee Type:

      Address (if not in Advance):

Phone:       Cell:

Preferred Phone:

E-mail:

**Gift Information**

**For checks made payable to NC State University and not a specific foundation, please include supporting documentation of the donor’s intent.**

**If checked, signature below is required prior to submitting form to Alumni & Donor Records:**

One time exemption from gift assessment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice Chancellor for University Advancement Date

**Allocation (Fund) Number/Name:**

**Foundation Receiving Gift:**

Gift Amount:

Pledge:  **Credit Card Information**

Tender: Name on card:

Made in:  (enter name here) Credit Card#:

Expiration Date:

Daytime Phone#:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**<<Attach a copy of your check here>> OR <<Complete the credit card information above>>**