



OFFICE OF ADVANCEMENT  
GIFT TRANSMITTAL

Campus: <input type="checkbox"/> Ephraim <input type="checkbox"/> Richfield	Division/Program Name:
Date Prepared:	Contact Name:
Date Gift(s) Received By Unit:	Contact's Phone Number:

Only include gifts made by cash or check on this form. Checks should be submitted with all correspondence to the Advancement Office.

	Donor Information	Gift Fund Number	Fund Title	Gift Portion	Non Gift Portion <i>(if applicable)</i>	Total Amount
1	Donor Name					
	Address	Comments:				
	City, State, Zip					
2	Donor Name					
	Address	Comments:				
	City, State, Zip					
3	Donor Name					
	Address	Comments:				
	City, State, Zip					
4	Donor Name					
	Address	Comments:				
	City, State, Zip					
5	Donor Name					
	Address	Comments:				
	City, State, Zip					
<b>Total Amount Transmitted</b>						<b>0</b>

If you have any questions, please contact the Advancement Office.

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