



DONATIONS FORM

UVU FOUNDATION- MS111- EB201- 863-8205

Donor: _____ Date: _____

Send Receipt to: _____ () _____
Name Phone Number

_____ Address

_____ City State Zip Code

Contact Person (if a Business): _____ () _____
Name Phone Number

Donation is to be used for: _____

Department/School: _____

Development Officer: _____

AMOUNT OF DONATION: \$ _____

___ Cash

___ Check: Check # _____

___ Credit Card: ___ Visa ___ MasterCard ___ Discover Card ___ American Express

Name as it appears on Card: _____

Account #: _____ Exp. Date: _____

___ Gift-in-Kind: Value: \$ _____ Description of Item(s) Received: _____

___ Stock: Name of Stock: _____ # of Shares: _____

NOTES: _____

NOTE: To transfer funds from the Foundation to your department/ school, please e-mail Sandy Capell, Foundation Accountant, with your Index Code.

For Foundation Use Only:

Date Received: _____ Index # _____ Account # _____ Gift-in-Kind List: _____

White Copy to Foundation Office- Yellow Copy to Development Officer