

CAMPUS GIFT ACCEPTANCE REPORT

UCDF 100-4 (R10/11)

**Gift Administration Use Only**

AIS Batch # _____

AIS Entity # _____

AIS Receipt/Gift # _____

1. DONOR NAME (Last, First, Middle Initial) AIS Record # (if known)		2. KFS RECEIPT#	
3. ADDRESS OF DONOR (Street, City, State, Zip)		4. SOFT CREDIT DONOR AND ADDRESS (Name Street, City, State, Zip)	
5. Credit Card Attached Yes <input type="checkbox"/> No <input type="checkbox"/>		6. Benefiting School/College/Other	
7. New Pledge <input type="checkbox"/> Pledge Pmt. <input type="checkbox"/>		8. Department Name	
9. DONOR INSTRUCTIONS/WISHES (As stated by the Donor)		10. Anonymous <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	11. Acknowledgement Attached <input type="checkbox"/> Yes <input type="checkbox"/> Send Later
12. TYPE OF USE <input type="checkbox"/> Endowment <input type="checkbox"/> Current Use		13. SOURCE OF GIFT FEE <input type="checkbox"/> Gift- Deduct fee from the gift. <input type="checkbox"/> Donor- The donor contributed an additional 6% to cover the fee. <input type="checkbox"/> Discretionary- The dean/vice chancellor has elected to pay the fee from the following discretionary account. DaFIS Account # _____ Dean/Vice Chancellor signature _____ <input type="checkbox"/> Earnings- for gifts of \$100,000 or more. An approval letter signed by vice chancellor, University Relations is attached. <input type="checkbox"/> No Fee- Chancellor's approved exception - An exemption letter signed by the Chancellor attached.	
14. DATE RECEIVED		15. GIFT PLEDGED	
		16. GIFT RECEIVED	
17. Fund Name		18. DaFIS Acct # Foundation Fund #	
		19. Suspense Restricted 901002- <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Gift From an Employee <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Gift Directed to An Account Controlled by the Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Form Prepared By / Contact Person (Type Name)		Department & Phone No.	
		Date	
21. Submitted for Acceptance By (Type Name/Signature)		Title & Phone No.	
		Date	
Acceptance By (Type Name / Signature)		Title	
Melissa Ivanusich		Gift Administration Manager	
		Date	