

Gift Acceptance Report

UCDF 100-4



1. DONOR NAME (Last, First, Middle Initial)		3. SOFT CREDIT NAME (Last, First, Middle Initial)	
2. ADDRESS OF DONOR (Street, City, State, Zip)		4. ADDRESS (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	11. Acknowledgement Attached <input type="checkbox"/> Yes <input type="checkbox"/> Send Later

Sample

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.	
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14. DATE RECEIVED	15. GIFT PLEDGED	16. GIFT RECEIVED
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TRANSFER FUNDS

17. Fund Name		18. DaFIS Acct # Foundation Fund #		19. Suspense Restricted 901002- <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) Melissa Ivanusich		Title Gift Administration Manager		Date	
UCD Foundation Authorized Signature		Title		Date	
Date sent to Department	Date rec'd by UCDF	Date sent to Accounting		Date Returned	
Funds originally deposited to:		TA. No.		Gift No.	
		AIS#			