

# Gift Transmittal Form - Individuals



**Important:** Please print legibly and complete a form for each gift. Attach check and any correspondence/documentation to form. Gifts should be hand delivered to Gift Administration and Reporting, CES 301F. See Instruction sheet for more information or call x45123 for immediate assistance. All new donor record requests and biographical updates should be sent to [alumnidata@sdsu.edu](mailto:alumnidata@sdsu.edu) before Gift Transmittal Form is submitted.

Donor Information			
Donor Name 1 (required):	<input checked="" type="checkbox"/> Primary Donor <input type="checkbox"/> Split with Spouse	Advance ID # (required)	
Donor Name 2 or Spouse Name	<input type="checkbox"/> Split with Spouse <input type="checkbox"/> Soft Credit Only	Advance ID #	
Donor Name 3 or Spouse Name	<input type="checkbox"/> Split with Spouse <input type="checkbox"/> Soft Credit Only	Advance ID #	
Gift Information			
Transaction Type: <input type="checkbox"/> Gift <input type="checkbox"/> Pledge Payment <input type="checkbox"/> New Pledge (see below)		Payment Type: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Securities <input type="checkbox"/> Other	
Total Amount \$	Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISC	Credit Card # (billing address matches address in Advance)	Expiration Date
New Pledge Information : Pledge Payment Amount	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Semi Annually <input type="checkbox"/> Other	CC Pledge Payments: <input type="checkbox"/> Charge Automatically <input type="checkbox"/> Always Check with Dev Office	
Giving Code (fundraiser credit)	Campaign Code	Appeal Code	
Gift Designation Information			
Fund account # (required)	Designated Allocation (required)	Amount (required)	
Fund account # (required)	Designated Allocation (required)	Amount (required)	
Fund account # (required)	Designated Allocation (required)	Amount (required)	
Additional Information			
<b>Matching Gift</b> Will this gift be matched? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, form attached to gift transmittal form). Response from gift processing to matching gift company required. <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Anonymity</b> Does the donor wish to be anonymous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No The donor does not want to be listed in the official TCF donor honor roll. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>In Memory/In Honor</b> Is this gift in honor or in memory of anyone? <input type="checkbox"/> In honor <input type="checkbox"/> In memory <input type="checkbox"/> Notice to: Enter the honoree's name and Advance ID			
<b>Special Instructions/Restrictions</b> Any information not captured above.			
Form Prepared and Submitted for Acceptance By			
Form Prepared by	Email	Date	Phone
Department	Development Officer	Development Officer Phone	