

University of Idaho Foundation Gift Transmittal Form – CASH GIFTS

**Gift Administration Office**

Mary Forney Hall, Room 105  
875 Perimeter Dr MS 3143, Moscow, ID 83844-3143  
(208-885-4000) or [gifts@uidaho.edu](mailto:gifts@uidaho.edu)

**INSTRUCTIONS:** Complete this form; attach checks/cash and **copies of all supporting documentation. ENTIRE FORM MUST BE FILLED OUT IN ORDER FOR THE GIFT TO BE PROCESSED.** Submit to the Foundation Office. Please contact us if you have any questions.

**SECTION I: UNIVERSITY INFORMATION**

College/Department Transmitting Gift: \_\_\_\_\_ Date: \_\_\_\_\_

Department Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**SECTION II: DONOR INFORMATION – ATTACH COPIES OF DOCUMENTATION**

**Note:** multiple checks/cash for the same **designation** may be batched with one form; however this section **must** be completed. Indicate "BATCH" for Donor Name, and attach a separate list containing all of the below information **for each donor.**

Donor Name: \_\_\_\_\_ Donor V#: \_\_\_\_\_

*If Donor is a Company/Foundation/Organization:*

Contact Person: \_\_\_\_\_ Contact V#: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Donor or Contact Person:* Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For organization gifts, who should receive the receipt?	<b>ORGANIZATION</b>	<b>CONTACT PERSON</b>
For organization gifts, should the contact person receive soft credit for the gift?	<b>YES</b>	<b>NO</b>

**SECTION III: CASH GIFTS INFORMATION**

Amount of Gift/Batch Total: \$ \_\_\_\_\_ Is this a pledge payment? (Y/N) \_\_\_ Pledge #: \_\_\_\_\_

Should this gift be applied to a proposal? (Y/N) \_\_\_ Proposal Name: \_\_\_\_\_

☆ **Designation Code (i.e. MF000)** \_\_\_\_\_ \*THIS LINE **MUST** BE FILLED OUT IN ORDER TO PROCESS THE GIFT

Designation Name: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Is this gift in honor of, or in memory of an individual? **In Honor Of** **In Memory of**

If **YES**, List individuals name: \_\_\_\_\_

**SECTION IV: SIGNATURES AS REQUIRED BY COLLEGE/DEPARTMENT**

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Approved College/Department Signature	Date	Secondary Signature (if needed)	Date
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