Print Form

(Form: 9/2015)

UNLV | FOUNDATION

4505 S Maryland Parkway ♦ Box 451006 Las Vegas, NV 89154-1006 ♦(702) 895-3641

Donor Receipt Information

Instructions: This form is to be completed when gifts are submitted to the UNLV Foundation.
Please attach, the envelope in which the gifts were received and the appropriate documentation to substantiate the deposit.

College/Department: _____ Prepared by: _____ Phone #: _____ Date: ___/____/___

RE#	Donor Name	Type: (check one) ☐ Individual ☐ Organization	
If Donor is an Organization - Primary Contact Name Designated person to receive ***both*** receipts & acknowledgement letters for all org gifts		**Home**	
		Business	
Donor Address (or Contact Address if different from Organization)		**Cell**	
		Email	
		Fax	

FUND ID#		**FUND NAME:**	

Reinvestment Fund will be applied automatically unless otherwise stated below.

Options: (Check one) ☐ ***Additional Gift of 2% = Amount $_____*** ☐ ***Dean/VP Unrestricted 1%*** ☐ ***Dean/VP Foregoes 1%*** ☐ ***Invest-$100K+ Only***

Reference Notation (internal)	
Receipt Notation (external)	
Special Instructions/ Soft Credits/Memberships	

Credit Card Type:	☐ **VS**=Visa	☐ **MC**=MasterCard	☐ **Amex**=American Express	☐ **DS**=Discover	**Check #/CASH**
Cardholder Name:		☐ **Company Card** ☐ **Individual Card**			
If Company Card Provide Company Name:					
Credit Card #:			(Format 0000-0000-0000-0000)	**Exp Date:____/____**	

Link to Proposal:	
RE#:	***Proposal Name:***

Apply to Pledge:	
RE#:	***Record Holder:***

(check one) **Tribute:**

☐ **In Memory of** ☐ **In Honor Of**	**RE#:**	**Name:**	

Benefit $ (non-Gift Amount)	**Gift $**	**Total $**

Records Use ONLY	