

TRIBUTE/MEMORIAL GIFT FORM



In honor/memory of _____

Given by _____

Address _____

City _____ State/Zip _____

Telephone _____ E-mail _____





Designation of your gift ☐ Annual Fund (unrestricted) ☐ Other _____

Name of Fund

Relationship to honoree (optional) _____

☐ My check for \$ _____ is enclosed payable to: UNLV Foundation

Please mail to: UNLV Foundation, Box 451006, 4505 S. Maryland Pkwy., Las Vegas, NV 89154-1006

☐ Please charge my gift of \$ _____ to my: ☐  ☐  ☐  ☐ 

Name on card _____

Card number _____ Expiration Date _____

You may also make your gift online at: unlv.edu/foundation/give-online

The Foundation will notify the family that you have made a tribute gift, but the amount of your donation will not be disclosed.
Please notify:

Name _____

Address _____

City _____ State/Zip _____

E-mail _____

☐ Check here if you wish your gift to remain anonymous.

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