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|  |  UVA Gift Processing Services*Data Transmittal Form*  |

**Transmittal Date:** **M\_\_\_\_\_\_\_\_ D\_\_\_\_\_\_\_\_ Y\_\_\_\_\_\_\_\_** **User Group: Use Dropdown to choose your User Group**

## Transmittal Form completed by (full name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Donor Information |
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| Donor ID Number: | Donor Name: [ ]  New Donor  |
| Home Address [ ]  Update Email Address: Address Line 1:Address Line 2:City: State: Zip: Phone: ( ) |
| Joint Gift: [ ]  Yes [ ]  NoAdditional Donor ID Number:Name: | Soft Credit: [ ]  Yes [ ]  NoAdditional Donor ID for soft credit: Name:  |
| [ ]  In Honor of [ ]  In Memory of Donor ID for Tribute: Name: |

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| Donation Information |
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| Allocation Code: Allocation Name: Amount:Allocation Code: Allocation Name: Amount:Allocation Code: Allocation Name: Amount: |
| Legal Amount:Credit Amount: | Payment Type (use separate transmittals for different payment types): **Use Dropdown to choose Payment** **Type** |
| Name on Credit Card: Card Number: Expiration Date: Security CVN:  |
| Transaction Type: **Use Dropdown** **to choose Transaction** **Type** | Anonymous? [ ]  Yes [ ]  No |
| Pledge Number: | Appeal Code/Description: | Proposal Code: |

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| Gifts of Securities Information Matching Information |
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| Number of Shares: Date of Transfer:Ticker Symbol: | Gift Eligible for Matching Program? [ ]  Yes [ ]  No Matching Company:Amount eligible for match: Receipt Number: Credit for Donor ID Number: Name: |

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| Additional Comments |
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