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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 |
| |  |  | | --- | --- | | 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  No  Additional Donor ID Number:  Name: | Soft Credit:  Yes  No  Additional Donor ID for soft credit:  Name: | | In Honor of  In Memory of  Donor ID for Tribute: Name: | | |
| Donation Information |
| |  |  |  |  | | --- | --- | --- | --- | | 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: | |
| Gifts of Securities Information Matching Information |
| |  |  | | --- | --- | | 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: | |
| Additional Comments |
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