



This form is intended for use by ISU departments and ISU student organizations. The completed form should be returned to the ISU Foundation with the corresponding donation. If you have questions, please call (208) 282-3470.

**Submitting**

**Dept. & Contact:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Solicitor / RM:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**GIFT DETAILS**

Method of Payment	Gift Designation (Spendable?) (Gifts can be split, use second line)	Fund or Index Number	Gift Amount

**Credit Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_ **CVV Code:** \_\_\_\_\_

**DONOR INFORMATION**

Donor wishes to remain anonymous.

**Donor Name:** \_\_\_\_\_ **RE #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Organization Contact (Please complete if the donor is a business):**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**ADDITIONAL INFORMATION**

In Honor  In Memory Of Whom:

Link Proposal Name of Proposal: \_\_\_\_\_

**Event:** \_\_\_\_\_ **Benefit Amount:** \_\_\_\_\_

**Additional Info:**