Gift Processing Form

Donor Name *

_____
Full Name

Address *

_____ _____ _____ ▾ _____
Street Address   City   State   Zip

Contact

_____ _____
Email   Phone

Gift Receipt Comments

_____ ▾ _____
This will appear on the donor's receipt.   This will appear on the donor's receipt.

Processing Remarks

_____
This is for internal purposes.

SCU Fields

_____ _____ _____
SCU Field 1   SCU Field 2   SCU Field 3

Processed By *

_____ _____ _____ _____
Today's Date   Name   Phone   SCU

Check #

_____

Credit Card

_____ ▾ - - - - - - - - - - - - - - - - - - _____ _____
Card Type   Last 4 Digits of Card #   Expiration Date

Total Amount *	**Designation Number ***	**Designation Name ***	**Designation Amount ***	**Benefit**
$	_____	_____	$	_____
	_____	_____	_____	

_____   _____   _____
ID: (Lookup ID) *   P: (Pledge Rev ID)   ME/A