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

<table>
<thead>
<tr>
<th>Method of Payment</th>
<th>Gift Designation (Spendable?) (Gifts can be split, use second line)</th>
<th>Fund or Index Number</th>
<th>Gift Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ____________________________

Revised 12/2021