

UCLA Foundation Gift & Pledge Transmittal

*If a new fund is needed, please complete **New Fund Request** - [click here](#) - and submit printed copy along with transmittal. See additional instructions on page 2.*

Submitted by:	Dept:	Email:	Phone #:	Date:	
The Following Criteria Applies to All Gifts on This Transmittal					
Fund Name:		Fund Number:	Marketing Effort / Appeal Code:		
Memorial or Honorarium (circle one)	Tribute Name:			Tribute ID:	

Primary Donor Name (Legal Donor)	Associated Donors	Payment Type	APP	Report Rqmts*	Credit Card Info	Premium Amt (if applicable)	Total Amt
Name: CRM ID:	Name: CRM ID: Name: CRM ID:				Name on card: CC#: Exp date:		
Name: CRM ID:	Name: CRM ID: Name: CRM ID:				Name on card: CC#: Exp Date:		
Name: CRM ID:	Name: CRM ID: Name: CRM ID:				Name on card: CC#: Exp Date:		
Name: CRM ID:	Name: CRM ID: Name: CRM ID:				Name on card: CC#: Exp Date:		
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Name: CRM ID:	Name: CRM ID: Name: CRM ID:				Name on card: CC#: Exp Date:		
Name: CRM ID:	Name: CRM ID: Name: CRM ID:				Name on card: CC#: Exp Date:		

Special Instruction:

***Report Rqmts:** Please check when the gift agreement includes criteria for providing reports to the donor regarding the gift's impact

GIFT TRANSMITTAL FORM GUIDELINES

This form is to be used for all Foundation gifts – cash, check, pledges and credit cards.

Please Note: New Fund Requests should be submitted to Gift Services with the gift or pledge submission, except if for a solicitation or online giving page. Click here to complete a new fund request

-- [New Fund Request](#) form

Transmittal Reference Guide:

Legal Donor	The individual or organization that should receive tax-credit for the donation
Associated Donor	Individual(s) or organization(s) that should receive recognition credit for a donation. Please
Payment Type	Select the payment type associated with each gift on a transmittal. Multiple payment types can be on one transmittal.
APP	Automated Pledge Payments – this box should be checked if you want Gift Services to set up a pledge where the payments are paid automatically by the donor’s credit card that’s been provided.
Report Rqmts	Check box when the gift agreement includes criteria for providing reports to the donor on the gift’s impact.
Credit Card Info	Do NOT type credit card number(s) on this form. Credit card info should be <u>handwritten</u> (legibly) in the field provided. It's okay if the card # extends into the premium amt field.
Premium Amt	The portion of the gift that is not tax-deductible due to a benefit being received by the donor
Total Amt	Total amount given or committed to by the donor (tax-deductible amount + premium (if applicable))

Submission Instructions:

Please send this form, the check or credit card information and all correspondence associated with these gifts to the following address;

**Gift Services
10889 Wilshire Blvd, 10th Floor
Campus 160348**

Please retain a copy of all paperwork for your department. Call x43395 for further assistance.

If a **new fund** is required, please complete on ISland, print a copy and submit along with the transmittal, tender and associated gift correspondence

Correspondence Requirements:

- All correspondence provided by the donor should accompany the gift
- Pledge/Gift Agreement (when applicable)
- Deferred payment requests (when applicable)
- 700-U Form (when applicable): [Instructions](#) | [Principal Investigator's Statement of Economic Interests Form](#) | [Supplement Form](#)