

UNIVERSITY OF MISSOURI

ADVICE OF GIFT RECEIVED

COLUMBIA - KANSAS CITY - ROLLA - ST. LOUIS - SYSTEM

SHORT FORM

(For Cash gifts under \$1,000)

INSTRUCTIONS: Prepare this form in duplicate for all cash gifts received under \$1,000. Send original copy, with money and ALL COPIES OF ANY CORRESPONDENCE RELATING TO GIFT, to Campus Development Office within 24 hours of receipt of gift. List Donors in alphabetical order.

Department Transmitting Gifts		Date Transmitted	
Donor's Name		Date Gift Received	Amount
Donor's Address (Street, City, State, Zip Code)			
Restrictions On Use Of Gift (Purpose, Division or Department Designated For, Memorials, To Be Matched, etc.)		University Affiliation <input type="checkbox"/> Alumnus <input type="checkbox"/> Friend	
Name of Fund		Account Code	
Donor's Name		Date Gift Received	Amount
Donor's Address (Street, City, State, Zip Code)			
Restrictions On Use Of Gift (Purpose, Division or Department Designated For, Memorials, To Be Matched, etc.)		University Affiliation <input type="checkbox"/> Alumnus <input type="checkbox"/> Friend	
Name of Fund		Account Code	
Donor's Name		Date Gift Received	Amount
Donor's Address (Street, City, State, Zip Code)			
Restrictions On Use Of Gift (Purpose, Division or Department Designated For, Memorials, To Be Matched, etc.)		University Affiliation <input type="checkbox"/> Alumnus <input type="checkbox"/> Friend	
Name of Fund		Account Code	
Donor's Name		Date Gift Received	Amount
Donor's Address (Street, City, State, Zip Code)			
Restrictions On Use Of Gift (Purpose, Division or Department Designated For, Memorials, To Be Matched, etc.)		University Affiliation <input type="checkbox"/> Alumnus <input type="checkbox"/> Friend	
Name of Fund		Account Code	
Donor's Name		Date Gift Received	Amount
Donor's Address (Street, City, State, Zip Code)			
Restrictions On Use Of Gift (Purpose, Division or Department Designated For, Memorials, To Be Matched, etc.)		University Affiliation <input type="checkbox"/> Alumnus <input type="checkbox"/> Friend	
Name of Fund		Account Code	
Donor's Name		Date Gift Received	Amount
Donor's Address (Street, City, State, Zip Code)			
Restrictions On Use Of Gift (Purpose, Division or Department Designated For, Memorials, To Be Matched, etc.)		University Affiliation <input type="checkbox"/> Alumnus <input type="checkbox"/> Friend	
Name of Fund		Account Code	
Donor's Name		Date Gift Received	Amount
Donor's Address (Street, City, State, Zip Code)			
Restrictions On Use Of Gift (Purpose, Division or Department Designated For, Memorials, To Be Matched, etc.)		University Affiliation <input type="checkbox"/> Alumnus <input type="checkbox"/> Friend	
Name of Fund		Account Code	