

DONOR INTENT FORM

Please fill out the following information so that we may properly receipt and acknowledge your gift.

Today's date: _____ Salutation (please circle one): Dr. Mr. Mrs. Ms. Other: _____

Business/Organization (if applicable): _____

Donor Name/Contact (must be an adult for tax purposes): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Check here if the preferred mailing address *-and/or-* Check here if this is a NEW mailing address

E-mail: _____

If This is a Gift-in-Kind:

Item Description: _____

Quantity: _____ Value: _____

Donor Signature(s): _____

Name of UC Davis employee who accepted the gift: _____ Tel Ext: _____

Additional Comments (In Memory/ In Honor of Information): _____

For Gifts of Cash/Check/Credit Card:

This gift is intended for: Current Use *- or -* Endowed Fund

I/We wish to direct the gift to the following area: _____

Enclosed is my check made payable to: **UC Regents or UC Davis Foundation** Check #: _____

Please charge my credit card (circle one): Visa Mastercard Discover American Express

Gift Amount \$ _____ Pledge Amount \$ _____ Pledge Payment Amount \$ _____

Credit Card Number: _____ Name on Card: _____

Expiration Date: _____ Zip Code: _____