



The University of Texas at Dallas
Office of Development and Alumni Relations
Gift Transmittal Form

Date

Solicitor Name

Solicitor UTD School

Form completed by

UTD Ext.

Donor Information

Mr. Ms. Mrs. Dr. Mr. & Mrs. Dr. & Mrs. Drs.

Individual Donor Name

Organization

Address

Org Contact

City State, Zip

Phone Number

Email Address

Soft Credit

Tribute Information

In Honor Of In Memory Of Other

Name

Acknowledge Gift to

Mr. Ms. Mrs. Dr. Mr. & Mrs. Dr. & Mrs. Drs.

Name

Relationship

Address

City, State, Zip

PLEASE FILL OUT COMPLETELY - Items in red are required fields

Gift Information

Cash Check Stock Wire/ACH

Gift Amount

Benefit

Appeal Code

Package

Cost Center

**UTD School/
Department**

Cost Center Name

Gift Proposal Name
/Event Name

Attach this form to donation; include all correspondence that may have come with the check.

Deliver to Gift Services, Office of Development and Alumni Relations: SPN 2.120 - x. 2295

Questions: gifts@utdallas.edu

PLEASE DO NOT PLACE IN CAMPUS MAIL

Gift Services Use Only

Match For _____

Notes _____