

GIFT DISCLOSURE FORM – UADA (Workday)

Cash Check # _____ Credit Card Stock Wire Transfer Already Deposited
 RECEIPT _____ BATCH _____ DEPOSIT _____

A. DONOR INFORMATION

Joint Gift? Yes No Anonymous Gift? Yes No

Donor (Person/Organization)		Entity ID		
Address	Address Row 1			
	Address Row 2			
	City		State	Zip
	Phone		Email	
	Contact (If Organization)			

B. ACCOUNT INFORMATION

Driver Worktag	Cost Center	Amount

C. GIFT INFORMATION

In memory of: Or In honor of:

Name	
Address Row 1	
Address Row 2	
City State Zip	
NOK (If in memory of)	

The gift qualifies for a matching gift? (Enclose Form) ^Y ^N
 The gift is the result of a solicitation or proposal? (Provide Copy)
 Thank you note sent to donor (Provide Copy)
 Goods or services were returned to donor(s) – Quid Pro Quo If yes, Value \$ _____

INCLUDE ALL DOCUMENTATION RECEIVED FROM DONOR, COPY OF CHECK, RECEIPT & DEPOSIT SLIP WITH DISCLOSURE FORM

I certify:
 1. I am not aware of any request to provide deliverables in connection with this gift; and
 2. No deliverables will be provided in connection with work or research performed related to this gift.

Employee Receiving Gift Signature	Date
_____	_____
Employee Receiving Gift Printed Name	Date
_____	_____
Department Head Signature	Date
_____	_____