

GIFT AGREEMENT REQUEST FORM

SELECT FOUNDATION:	AUF	MCG	Date:
Donor Name:			
Spouse Name (if joint gift):			
Is this an ANONYMOUS Gift?	YES	NO	
Will this gift establish a scholarship?	YES	NO	
Endowed Gift Expendable	Gift		
Type of Gift: Estate Gift	Outr	right Gift	Pledge
School/College/Department Receiving	Gift:		
Amount of Gift:			
Number of Payments (if a Pledge):		Pledge	Payment Begin Date:
Fund/Scholarship/Endowment Name: -			
Key Donor:			
CON ID# Email:			
Key Donor Alternate:			
CON ID #: Email:			
Fund Designation(i.e This fund is de	signed to	support faculty	y development):
	0	11 /	, 1

Background: (Information regarding the donor and their background as well as the inspiration of the gift.)

Recipient must be enrolled in		pursuing a	-	
(School/Co			(Degree)	
Recipient must be a(n) student. (Graduate or Undergraduate)		Recipient must be enroll	led: FT PT (Enrollment Status)	
Recipient must be a (Year Enrolled)		Recipient must have a minimum GPA of (GPA)		
Recipient selection will be made based on:	MERIT	FINANCIAL NEED	MERIT AND/OR FINANCIAL NE	
Scholarship Preferences:				
Additional Comments/Notes:				
bmitted by:	Date Recei	ved: I	Date Processed:	