

Student Organization Name: \_\_\_\_\_

Student Organization Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

Donor Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Gift Description:

Estimated Value: \$

Organization Authorized Signer: \_\_\_\_\_

Organization Advisor: \_\_\_\_\_

Received by: \_\_\_\_\_

**FOR A.S. ACCOUNTING OFFICE USE ONLY**

Original File Date: \_\_\_\_\_