



THE UNIVERSITY AT ALBANY FOUNDATION

Gift, Pledge & Deposit Form

Date: _____

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PLEASE ATTACH ALL APPROPRIATE DOCUMENTATION, LETTERS OF TRANSMITTAL, SUPPORTING DETAIL, ETC.

Name	hard credit	soft credit	Address or AIS ID#	Amount
1.	<input type="checkbox"/>	<input type="checkbox"/>		
2.	<input type="checkbox"/>	<input type="checkbox"/>		
3.	<input type="checkbox"/>	<input type="checkbox"/>		
4.	<input type="checkbox"/>	<input type="checkbox"/>		

Please use a separate sheet for additional names and addresses

TOTAL

DEFERRED or PLANNED GIFT	STOCK GIFT	GIFT IN KIND
Face Value \$ _____	Gift Value \$ _____ Date ____/____/____	Art <input type="checkbox"/> Books <input type="checkbox"/> Food/drink <input type="checkbox"/>
Present Value \$ _____	Dep. Value \$ _____ Date ____/____/____	Other <input type="checkbox"/> _____
CGA <input type="checkbox"/> Bequest <input type="checkbox"/> CRAT <input type="checkbox"/> CRUT <input type="checkbox"/>	Description of stock: _____	Value \$ _____
Proceeds used for: _____	_____	Appraisal Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Tax Form 8283 Yes <input type="checkbox"/> No <input type="checkbox"/>
attach proceeds form, letter of intent, copy of will or trust, and PG Calc calculations	please attach dated valuation and document from donor or broker directing use of stock gift	please attach all documents

FOR GIFTS, PLEDGES & PLEDGE PAYMENTS ONLY

Transaction Type: Outright Gift Pledge (attach signed document) Pledge Payment

If **pledge**, indicate payment schedule: Monthly Quarterly Semi-Annually Annually Other

Amount of Payment : \$ _____ Beginning Date: ____/____/____ Number of Years: _____

Solicitor(s) _____, _____

In memory or honor of _____ AIS # _____

(name of person)

How was transaction brought in? Personal Solicitation Direct Mail Special Activity _____ Other

(indicate what)

FOR OTHER TYPES OF DEPOSITS ONLY

Indicate Transaction Type: Program Revenue Rent Other _____

FOR ALL DEPOSIT TRANSACTIONS

Account or Designation _____ Account Number _____

I certify that these funds should be deposited in The University at Albany Foundation and not in a State account. Any restrictions on gifts will be adhered to and properly accounted for.

Account Manager or Development Officer Signature _____ Date _____

***** FOUNDATION USE ONLY *****

G/L / DSD Code:

Authorization: _____	Campaign Code: _____	check <input type="checkbox"/> cc <input type="checkbox"/> InKind <input type="checkbox"/> Non-dollar <input type="checkbox"/> Stock <input type="checkbox"/> Planned <input type="checkbox"/>
Date: _____	Reminder: _____	Batch #: _____
SEE OVER <input type="checkbox"/>	Solicitor: _____	Special Handling: _____