



THE UNIVERSITY AT ALBANY FOUNDATION

Deposit Transmittal

Date: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

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 \$ _____ Present Value \$ _____ <input type="checkbox"/> CGA <input type="checkbox"/> Bequest: _____ Intended _____ Realized Proceeds used for: _____ Attach proceeds form, letter of intent, copy of will or trust, and PG Calc calculations	Gift Value \$ _____ Date ____/____/____ Dep. Value \$ _____ Date ____/____/____ Description of stock: _____ Please attach dated valuation and document from donor or broker directing use of stock gift	Art <input type="checkbox"/> Books <input type="checkbox"/> Food/drink <input type="checkbox"/> Other: _____ Value \$ _____ Appraisal Yes <input type="checkbox"/> No <input type="checkbox"/> Tax Form 8283 Yes <input type="checkbox"/> No <input type="checkbox"/> 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)

Next of Kin: \_\_\_\_\_ Address or AIS ID#: \_\_\_\_\_

FOR OTHER TYPES OF DEPOSITS ONLY

Indicate Transaction Type: Rent  Other  \_\_\_\_\_ UAF Authorization: \_\_\_\_\_

ACCOUNT INFORMATION

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.

Authorized Signatory or Dev. Officer (please print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Authorized Signatory or Dev. Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

G/L / DSD Code: \_\_\_\_\_

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"/>
Reminder:	Session #: _____ Special Handling: _____
Solicitor:	