



The University of Texas at Dallas
Office of Development and Alumni Relations
Gift Transmittal Form

Date _____

Solicitor Name _____

Solicitor UTD School _____

Form completed by _____

UTD Ext. _____

Donor Information

Mr. Ms. Mrs. Dr. Mr. & Mrs. Dr. & Mrs. Drs.

Individual Donor Name _____

Organization _____

Address _____

Org Contact _____

City State, Zip _____

Phone Number _____

Email Address _____

Soft Credit _____

Tribute Information

In Honor Of In Memory Of Other

Name _____

Acknowledge Gift to

Mr. Ms. Mrs. Dr. Mr. & Mrs. Dr. & Mrs. Drs.

Name _____

Relationship _____

Address _____

City, State, Zip _____

PLEASE FILL OUT COMPLETELY - Items in red are required fields

Gift Information

Cash Check Stock Wire/ACH

Gift Amount _____

Benefit _____

Appeal Code _____

Package _____

Cost Center _____

**UTD School/
Department** _____

Cost Center Name _____

Gift Proposal Name
/Event Name _____

Attach this form to donation; include all correspondence that may have come with the check.

Deliver to Gift Services, Office of Development and Alumni Relations: SPN 2.120 - x. 2295

Questions: gifts@utdallas.edu

PLEASE DO NOT PLACE IN CAMPUS MAIL

Gift Services Use Only

Match For _____

Notes _____