



Submitted by: _____

Extension: _____

ADVICE OF CASH GIFT

INSTRUCTIONS: Prepare and print this form for all cash gifts received. Deliver with all money and *ALL COPIES OF ANY CORRESPONDENCE RELATING TO GIFTS*, to the College Heights Foundation Office **within 24-hours** of receipt of gift. If you have any questions please call us at 5-4597.

<i>Department Transmitting Gifts</i>		<i>Date Transmitted</i>	
Donor's Name (Contact name required if company or business)		Amount	
Donor's Address (Street, City, State, Zip Code)		Charitable _____ Non-Charitable _____	
Name of Fund		Foundation Account Number	
Check Cash Credit Card	American Express Discover Master Card Visa Credit Card Number	Expiration Date CSV Code	
Donor's Name (Contact name required if company or business)		Amount	
Donor's Address (Street, City, State, Zip Code)		Charitable _____ Non-Charitable _____	
Name of Fund		Foundation Account Number	
Check Cash Credit Card	American Express Discover Master Card Visa Credit Card Number	Expiration Date CSV Code	
Donor's Name (Contact name required if company or business)		Amount	
Donor's Address (Street, City, State, Zip Code)		Charitable _____ Non-Charitable _____	
Name of Fund		Foundation Account Number	
Check Cash Credit Card	American Express Discover Master Card Visa Credit Card Number	Expiration Date CSV Code	
Donor's Name (Contact name required if company or business)		Amount	
Donor's Address (Street, City, State, Zip Code)		Charitable _____ Non-Charitable _____	
Name of Fund		Foundation Account Number	
Check Cash Credit Card	American Express Discover Master Card Visa Credit Card Number	Expiration Date CSV Code	