



# ALUMNI ASSOCIATION

## ADVICE OF CASH GIFT

Submitted by: \_\_\_\_\_

Extension: \_\_\_\_\_

**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.

<i>Department Transmitting Gifts</i>		<i>Date Transmitted</i>	
<b>Donor's Name</b> (Contact name required if company or business)		<b>Amount</b>	
Donor's Address (Street, City, State, Zip Code)		Charitable _____ Non-Charitable _____	
Name of Fund <b>981080 – Office of Alumni Relations</b>		<i>COLLEGE HEIGHTS FOUNDATION ENTRY – Account Name and Number</i>	
Credit Card: American Express          MasterCard Discover                      Visa	Credit Card Number:	Expiration Date:	
<b>Donor's Name</b> (Contact name required if company or business)		<b>Amount</b>	
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