

TULANE UNIVERSITY - GIFT TRANSMITTAL FORM

Completed by: _____

Date completed: _____

Constituent (name): _____

ID#: _____

Credit for: _____

ID#: _____

In Honor/Memory of: _____

ID#: _____

Transaction Total: \$ _____

QPQ (value of accepted benefits): \$ _____

To be anonymous? Yes No

Linked to a planned gift? Yes No

Purpose/Account: _____ / _____ (number/name)

Campaign: Annual Fund Tulane Empowers Other

Transaction Type: Outright Gift Bequest/Planned Gift Pledge Payment
 Pledge (Payments # ____ to start: ____/____/____) Monthly Quarterly Annually

Solicitation Code: Unsolicited Annual Giving _____
 Grant/Sponsored Restricted/School/Program _____
 No associated code Other (or needs new code) _____

Tender: Check Securities Credit Card
 Cash GiK/Property # _____
 ACH/EFT/Wire Transfer _____ MC/Visa/AmEx/Discover authorization#

Comments: _____

[NOTE: Please attach all necessary supporting documents. Thank you.]