

GIFT PROCESSING FORM

This form is intended for use by ISU departments and ISU student organizations. The completed form should be returned to the ISU Foundation with the corresponding donation. If you have questions, please call (208) 282-3470.

Solicitor / RM:	Phone: Phone:							
Method of Payment Gift Designation (Spendable?) (Gifts can be split, use second line) Credit Card Number:	City: State: Zip: Email: Title: Email: Ema				Dat	te:		
Method of Payment Gift Designation (Spendable?) (Gifts can be split, use second line) Credit Card Number:	City: State: Zip: Email: Title: Email: Ema	Solicitor / RM:		Phone:				
Credit Card Number: Exp. Cardholder Name: CVV DONOR INFORMATION Donor wishes to remain anonymous. Donor Name: City: State: Phone: Email: Organization Contact (Please complete if the donor is a business): Name: Title: Phone: Email: ADDITIONAL INFORMATION In Honor In Memory Of Whom: Email:	City: State: Zip: Email: Title: Email: Ema	GIFT DETAILS						
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Cardholder Name:	RE #:							
Name:	RE #: City: State: Zip: Email: nor is a business): Title: Email:		oer:			_ Exp. Date:		
Donor Name: Address:	City: State: Zip: Email: nor is a business): Title: Email:	Namo				CVV Code:		
Donor Name: Address: City: State: Phone: Email: Organization Contact (Please complete if the donor is a business): Name: Title: Phone: Email: ADDITIONAL INFORMATION In Honor In Memory Of Whom: Link Proposal Name of Proposal: Event: Bener	City: State: Zip: Email: nor is a business): Title: Email:	DONOR INFORMA	TION					
Phone: Email: Organization Contact (Please complete if the donor is a business): Name: Title: Phone: Email: ADDITIONAL INFORMATION In Honor In Memory Of Whom: Link Proposal Name of Proposal: Event: Benefit	Email: nor is a business): Title: Email:	Donor				RE #:		
Organization Contact (Please complete if the donor is a business): Name:	nor is a business): Title: Email:							
Name:	Title:Email:	Phone:		Email:				
Phone: Email: ADDITIONAL INFORMATION In Honor In Memory Of Whom: Link Proposal Name of Proposal: Event: Benefit	Email:	Organization Conta	act (Please complete if the donc	or is a business)	:			
Phone: Email: ADDITIONAL INFORMATION In Honor In Memory Of Whom: Link Proposal Name of Proposal: Event: Benefit	Email:	Name:			Title:			
ADDITIONAL INFORMATION In Honor In Memory Of Whom: Link Proposal Name of Proposal: Event: Benefit		Phone:						
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Event: Bene	Benefit Amount:	☐ In Honor	☐ In Memory Of Whom:					
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Additional Info:		Additional Info:						