



Gift/Pledge Transmittal Form

AIS-Gift Accounting
1555 Poydras St., Suite 1000
New Orleans, LA 70112
Ph: 800-933-6886
Email: tugift@tulane.edu

Completed by: _____

Phone/Extension: _____

Date Completed: _____

Dept./Div./School: _____

Constituent (name): _____

ID#: _____

Credit for: _____

ID#: _____

Honor Memory

Honor/Memory (name): _____

ID#: _____

IHO/IMO Notification: _____

Transaction Total: \$ _____

QPQ (accepted benefits value): \$ _____

If you select "Do NOT Publish" or "Anonymous" below, please explain further in comment section.

Do NOT Publish Name:

Gift is Anonymous:

Proposal # _____

Grateful Patient

Appeal Code: _____

Account/Purpose: _____ / _____ (account # /name)

Transaction Type: Outright Gift Pledge Payment Pledge

Pledge Information: # of Payments _____ to start: _____ / _____ / _____
 Monthly Quarterly Annually

Tender: Check Cash ACH/EFT/Wire Transfer Securities

GIK Other _____

Credit Card (Do not email credit card info) Please go online or call 800-933-6886.

Comments: _____

Note: Please review Check/Cash Handling Policy that is located on page 3 on the Gift Transmittal Form Instructions. Remember to forward all supporting documentation including envelopes along with donation.