

Utah Valley University

DONATION FORM

UVU FOUNDATION - 800 W University Parkway MS111, Orem, UT 84058 - 863-8205 - AB201
(Make Check Payable to UVU Foundation)

Date gift was received by the University: _____ Amount: \$ _____

Individual:

Name: _____ Phone #: _____
First Middle Last

Address: _____

City: _____ State: _____ Zip Code: _____

Business:

Name of Business: _____

Contact Person: _____

Phone #: _____ Fax #: _____ Other: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Donation is to be used for: Christian T. Seamons Scholarship

Department/School/College: University College

Development Officer/Campus Contact: Michelle Kearns 8976
Name Extension

Cash

Check #: _____

Credit Card: ___ VISA ___ MasterCard ___ Disc ___ AmExpress

Name as it appears on card: _____

Account #: _____ Exp. Date: _____

Gift-in-Kind: Value (as declared by donor): \$ _____

Description of items donated: _____

Stock: Name of Stock: _____ # of Shares: _____

****Gifts or Services Provided?** ___ No ___ Yes—If yes, please list what was given and the value: _____

Notes: _____

To transfer funds from the Foundation to your department/school/college, please e-mail Sandy Capell, (capellsa@uvsc.edu) Foundation Accountant, with your Index Code.

For Foundation Office Use:

Date Received in Foundation Office: _____ Index #: _____ Gift-in-Kind List: _____