



**Stony Brook
Foundation**

**STONY BROOK FOUNDATION, INC.
Gift Deposit Form**

<p>INDIVIDUAL DONOR INFORMATION</p> <p>Raiser Edge ID#: _____</p> <p>Constituent code: _____</p> <p>Name(s): _____</p> <p>Street Address: _____</p> <p>City, State, Zip: _____</p> <p><input type="checkbox"/> Check if donor wants this gift to remain anonymous</p> <p>Give soft credit to: _____</p> <p>Relationship to donor: _____</p>	<p>ORGANIZATION DONOR INFORMATION</p> <p>Raiser Edge ID#: _____</p> <p>Constituent code: _____</p> <p>Organization Name: _____</p> <p>Street Address: _____</p> <p>City, State, Zip: _____</p> <p>Org. Contact Name: _____</p> <p>Business Title: _____</p> <p>Address (if different): _____</p> <p>Give soft credit to: _____</p> <p>Relationship to donor: _____</p>
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IMPORTANT: Attach all donor correspondence. Documentation is required from the donor for all gifts over \$1,000.

MEANS OF DONATION (please check category that is applicable):

- | | |
|--|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> * Stock (_____ shares of _____ stock) |
| <input type="checkbox"/> Check (check # _____) | <input type="checkbox"/> * Gift in-kind (non-cash items with dollar value) |
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> * Wire Transfer |

TYPES OF GIFTS (please check category that is applicable):

- | | |
|--|---|
| <p><input type="checkbox"/> Memorial / <input type="checkbox"/> Honorary</p> <p><i>In memory/honor of:</i> _____</p> <p><i>Send notice of gift to the following:</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> * Event/Sponsorship (attach event information and/or gift/premium amounts if applicable)</p> | <p><input type="checkbox"/> This Gift will be Matched
<i>Company that will match this gift</i> _____</p> <p><input type="checkbox"/> Matching Gift From Company
<i>Match for</i> _____ <i>'s gift (person's name)</i></p> <p><input type="checkbox"/> Pledge Payment (attach signed pledge form)</p> <p><input type="checkbox"/> Planned Gift (attach documentation from donor)</p> |
|--|---|

PURPOSE OF GIFT (Please briefly explain the donor intent/gift use):

SBF ACCOUNT # 	ACCOUNT TITLE	TOTAL AMOUNT DEPOSITED \$
DATE GIFT REC'D	DEPT CONTACT NAME (please print):	CAMPUS PHONE #

I certify that I have reviewed and approved these documents and that this gift is consistent with the donor's intent and is in compliance with the Foundations policies and procedures. Failure to follow these guidelines could result in my account privileges being revoked.

ACCEPTED BY AUTHORIZED ACCOUNT SIGNATORY / ADVANCEMENT OFFICER

Signature: _____ **Date Signed:** _____

For SBF Business Office & Advancement Officer Use Only

Campaign: _____ **Appeal:** _____ **Package:** _____

Input by: _____ **Input Date:** _____ **RE Reference:** _____

* Please contact the SBF Business Office at 2-6536 for instructions.
Important: **PLEASE DO NOT STAPLE CHECKS TO FORM.** Paper clip all checks / paperwork to this completed form and forward to SBF Business Office, 230 Administration Bldg., Z=1188.
For inquires call SBF Business Office @ 632-6536 or Advancement Office @ 632-6300.