

UNIVERSITY OF NORTH FLORIDA FOUNDATION, INC.
INSTITUTIONAL ADVANCEMENT, ADVANCEMENT SERVICES
 J.J. Daniel Hall, Room 1400 * (904) 620-2160

SECURITIES TRANSMITTAL FORM

*Please use one form per stock per donor (e.g. AT&T, Microsoft, Coca Cola, etc.)

DONOR INFORMATION (as it will appear in Donor Records)

PLEASE TYPE

Donor Name: _____ Donor ID: _____ Address: _____ City/State/Zip: _____ Fund Name: _____ Fund Number: _____ Appeal: _____ Solicitor: _____ Contact Name: _____ Contact Title: _____ Dept Contact: _____ Bldg/Room: _____ Extension: _____ Approval: _____ Securities Name/Description: _____ _____	Is this gift a tribute (In honor/memory)? Yes No Tribute made for: _____ Tribute ID: _____ Tribute Address: _____ City/State/Zip: _____ If the tribute is in memory of, please provide the following (*): Acknowledgee Name*: _____ Acknowledgee ID*: _____ Address*: _____ City/State/Zip*: _____ Relationship to the departed*: _____ Soft Credit to: _____ Soft Credit ID: _____ Is this gift a pledge payment? Yes No Linked Proposal Name: _____
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ADVANCEMENT SERVICES USE ONLY

Securities Information:

Broker _____ Date of Donor Notification _____

Number of Shares _____ Name of Securities _____

Documentation received _____

Date securities delivered to Broker _____ Date confirmation of sale received _____

Value at date of gift High _____ Low _____ Mean _____

Value of contribution posted to donor record \$ _____

Received By: _____ Date Received: _____

FOUNDATION ACCOUNTING USE ONLY

JV Number _____ Trace Number _____ Business Date _____ Entry Date _____

Number of Shares _____ **Securities Proceeds:** \$ _____ less \$ _____ = \$ _____

Sale Value Gift Value Gain/(Loss)
 [GL 1109] [GL 1552] [GL 3726]

Account Number	Description	JV Number	Ref 2	Ref 3	Debit	Credit

Prepared By: _____ Approved By: _____ Data Entry By: _____