Clear Form

UNIVERSITY OF NORTH FLORIDA FOUNDATION, INC.
Institutional Advancement, Advancement Services
Alumni Hall, Room 2214 * (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: _____

ADVANCEMENT SERVICES USE ONLY

Securities Information:
Broker Bank of America 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 _____ $0.00
Value of contribution posted to donor record $ 0.00
Received By: _____ Date Received: _____

FOUNDATION ACCOUNTING USE ONLY

JV Number _____ Trace Number _____ Business Date _____ Entry Date _____
Number of Shares _____ **Securities Proceeds**: $_____ less $_____ = $_____
Sale Value [GL 1109] Gift Value [GL 1552] Gain/(Loss) [GL 3726]

Account Number	Description	JV Number	Ref 2	Ref 3	Debit	Credit

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