

UNIVERSITY OF NORTH FLORIDA FOUNDATION, INC.  
Institutional Advancement, Advancement Services  
Alumni Hall, Room 2214 \* (904) 620-2160

**SPONSORSHIP TRANSMITTAL FORM**

**PLEASE TYPE**

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Donor ID: \_\_\_\_\_ *(If not in RE, complete the New Donor Section)*

Donor Name: \_\_\_\_\_

Soft Credit ID: \_\_\_\_\_

Soft Credit Name: \_\_\_\_\_

Fund Number: \_\_\_\_\_

Sponsorship Amount: \_\_\_\_\_

Date Sponsorship Given: \_\_\_\_\_

Appeal: \_\_\_\_\_

Solicitor: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Bldg/Room: \_\_\_\_\_ Extension: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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**Sponsorship Description:**

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**New Donor Information:**

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

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**ADVANCEMENT SERVICES USE ONLY**

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

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