

**UNIVERSITY OF NORTH FLORIDA FOUNDATION, INC.
 ADVANCEMENT OPERATIONS
 (904) 620-5250 - Olga Igolnikov**

PLEDGE AND PLANNED GIFT TRANSMITTAL FORM

PLEASE TYPE

Date: _____

Donor Name: _____ Donor ID: _____ Address: _____ City/State/Zip: _____ Fund Name: _____ Fund Number: _____ Appeal: _____ Solicitor: _____ Contact Name: _____ Contact Title: _____ Dept Contact: _____ Bldg/Room: _____ Extension: _____ Approval: _____	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: _____ Linked Opportunity Name: _____
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GIFT REVENUE: Description/Comments: *(Attach documentation)*

<p>Planned Gift Information</p> PG Calc File Name: _____ *If no PG calc file: *Face Value: _____ Vehicle: _____ Verification: _____ *Revocable? Yes No *Realized? Yes No Anonymous Donor? Yes No Remainder Value: _____ Expected Maturity Year: _____	<p>Pledge Payment Schedule</p> _____ Amount Pledged _____ # of Payments _____ First Payment Date Payment Frequency: Annually Semi-Annually Quarterly Bimonthly Monthly Semi-Monthly Biweekly Weekly Single Installment Irregular <i>(Specify in comments)</i> Comments: _____
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 Associate Vice President – Development _____
Date

ADVANCEMENT OPERATIONS USE ONLY

Received By: _____ Date Received: _____