CASH GIFT COVER SHEET

Advancement Operations

$D \rightarrow + \Delta$	Γ	livered	
Date.	DE	uvereu	

member who delivers the g	ifts will receive a copy of th	is signed and dated form a	ons by a University of Richmond staff member. All fields s a receipt for the delivery. Please complete a form for §	
Name and Department o	it Staff Member Deliveri	ng Cash Gift:	Signature	of Staff Member Delivering Cash Gift
Contact Phone Number a	and E-mail Address:			
Donor Name	Donor ID#	Individual Gift Amount	Designation/Fund ID (ex: AFU, SAF, ECRB, etc.)	AS STAFF ONLY CHECK BOX AFTER VERIFYING AMOUNT
	TOTAL			
*Attach any other supporting a		icitation piece, pledge reminde	er, etc.)	