

# Donation Processing Form



## 1. Donor Information

### Pledged By

Create new record

Name \_\_\_\_\_ Lookup ID \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_

### Recognition Name

Name (for U of T donor listing) \_\_\_\_\_

### Paid By (if different)

Name \_\_\_\_\_ Lookup ID \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Donor does not wish to be listed in public donor listings

## 2. Additional Recognition/Soft Credit (if applicable)

### Recognition Credit

Create new record

Name \_\_\_\_\_ Lookup ID \_\_\_\_\_  
Recognition Type:  Spouse  Ex-Spouse  
 Other Family Member

Relationship to Primary Donor  
 Employer Matching  Corporate Principals  
 Personal and Family Foundation  Gift Agreement Co-Signatory

## 3. Pledge Details (complete if new pledge)

Pledge Amount \_\_\_\_\_ Installment Amount \_\_\_\_\_  
 This specific gift is anonymous  
**Installment Frequency**  
 Regular Schedule: \_\_\_\_\_  Irregular/Other Schedule: \_\_\_\_\_  
 Annually Start Date \_\_\_\_\_  
 Quarterly End Date \_\_\_\_\_  
 Monthly Ongoing Payment (no end date)

Reminder:  No  Auto-payment by Credit Card  
 Yes, by:  DUA  Division  
 Single Payment: \_\_\_\_\_  
Payment Due Date \_\_\_\_\_

## 4. Payment Details

Payment Amount \_\_\_\_\_  CAD  USD  
 Other Currency: \_\_\_\_\_  
 One-Time-Only Payment  
 Planned Gift  
 First Payment on New Pledge  
 Apply to Existing Pledge:  
Rev ID \_\_\_\_\_ Pledge Amount \_\_\_\_\_

This specific gift is anonymous  
**Payment Method**  
 Cash  Cheque  Other Method: \_\_\_\_\_  
 Credit Card:

Credit Card Number \_\_\_\_\_ Expiry (MM/YY) \_\_\_\_\_  
Name of Cardholder \_\_\_\_\_

## 5. Gift Designation

Designation Name \_\_\_\_\_ Designation Lookup ID \_\_\_\_\_  
 Endowed  Expendable  Enhanced Payout  Create New Fund: \_\_\_\_\_  
If gift is to be split into multiple designations, please indicate the details under 8. Special Instructions/Notes.

## 6. Marketing Effort Information

Source Code \_\_\_\_\_ Appeal \_\_\_\_\_ Finder Number \_\_\_\_\_

## 7. Plan Details

Was this gift tracked on a plan?  No  Yes If yes, please fill in the following:

Prospect Name (if different from above) \_\_\_\_\_ Plan Name \_\_\_\_\_ Plan Manager \_\_\_\_\_ Ask Date \_\_\_\_\_ Ask Amount \_\_\_\_\_  
Note: Ensure opportunity designation matches gift designation

## 8. Special Instructions/Notes

Corporate contact, receipting instructions, special handling, etc.

Submitted by \_\_\_\_\_ Date \_\_\_\_\_ Department \_\_\_\_\_ Phone Number \_\_\_\_\_