

Gift Information Form: Complete then Print to send to CDS

FORM I

ADVANCEMENT SERVICES STANDARD GIFT INFORMATION FORM  
CORNELL UNIVERSITY AAD LOCKBOX

Donor's Name \_\_\_\_\_ Empl ID \_\_\_\_\_  
 Donor Name #2 \_\_\_\_\_ Empl ID \_\_\_\_\_  
 Address \_\_\_\_\_ Total Amt of Gift \$ \_\_\_\_\_  
 Designation Name \_\_\_\_\_ Desig # \_\_\_\_\_ GL Acct # \_\_\_\_\_ Amt \$ \_\_\_\_\_  
 Appeal Code \_\_\_\_\_ Campaign Initiative Code \_\_\_\_\_  
 Designation Name \_\_\_\_\_ Desig # \_\_\_\_\_ GL Acct # \_\_\_\_\_ Amt \$ \_\_\_\_\_  
 Appeal Code \_\_\_\_\_ Campaign Initiative Code \_\_\_\_\_  
 Amt. of **Non-Gift** \$ \_\_\_\_\_ GL Acct. # for **Non-Gift** \_\_\_\_\_  
 IMO/IHO Name \_\_\_\_\_ IMO/IHO ID \_\_\_\_\_  
 Other Misc. Information \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Department \_\_\_\_\_ Phone \_\_\_\_\_

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**Please cut and separate forms**

FORM II

ADVANCEMENT SERVICES STANDARD GIFT INFORMATION FORM  
CORNELL UNIVERSITY AAD LOCKBOX

Donor's Name \_\_\_\_\_ Empl ID \_\_\_\_\_  
 Donor Name #2 \_\_\_\_\_ Empl ID \_\_\_\_\_  
 Address \_\_\_\_\_ Total Amt of Gift \$ \_\_\_\_\_  
 Designation Name \_\_\_\_\_ Desig # \_\_\_\_\_ GL Acct # \_\_\_\_\_ Amt \$ \_\_\_\_\_  
 Appeal Code \_\_\_\_\_ Campaign Initiative Code \_\_\_\_\_  
 Designation Name \_\_\_\_\_ Desig # \_\_\_\_\_ GL Acct # \_\_\_\_\_ Amt \$ \_\_\_\_\_  
 Appeal Code \_\_\_\_\_ Campaign Initiative Code \_\_\_\_\_  
 Amt. of **Non-Gift** \$ \_\_\_\_\_ GL Acct. # for **Non-Gift** \_\_\_\_\_  
 IMO/IHO Name \_\_\_\_\_ IMO/IHO ID \_\_\_\_\_  
 Other Misc. Information \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Department \_\_\_\_\_ Phone \_\_\_\_\_

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Include this completed form with each check and mail to:

Cornell University  
Box 37334  
Boone, IA 50037-0334

Contact Denise Frutchev in Advancement Services at 254-7129 if you have questions.

Quality - It Counts!