

CWRU ADVANCEMENT SERVICES DONATION CHECKLIST

DONOR INFORMATION

Primary Donor Name & Entity ID _____

Associated Donor(s) Name(s) & Entity ID(s) _____

DONATION INFORMATION

Gift Type (Gift, Pledge, Pledge Payment, etc.) _____

Donation Amount _____

Allocation School(s) _____

Account Number(s) _____

If the donation is a Pledge, detail the pledge payment schedule:

Is this contribution in Honor or Memory of someone? Y or N

If Yes, Name & Entity ID of the Honoree _____

If Yes, Name & Entity ID for whom to acknowledge _____

Appeal Code: _____

Is this contribution Anonymous? Y or N

Additional Comments: _____

SOLICITING DEVELOPMENT OFFICER INFORMATION

Soliciting Fundraiser Name: _____ Proposal ID: _____

Phone #: _____ Email Address: _____