



Donor Intent Form

Please fill out the following information so that we may properly receipt and acknowledge your gift.

Today's Date: _____ Salutation (please circle one): Dr. Mr. Mrs. Ms. Other: _____

Business/Organization (if applicable): _____

Donor Name/Contact (must be an adult for tax purposes): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail: _____

Would the donor like a gift receipt: ☒ Yes ☐ No

If this is a Gift-in-Kind:

Item Description: _____

Quantity: _____ Value: _____ Date of Donation: _____

Department Gift Supports: _____

Additional Comments (**In Memory/ In Honor of Information**): _____

Donor Signature(s): _____

Name of UC Davis employee who accepted the gift: _____ **Tel:** _____

For Gifts of Cash/Check/Credit Card:

This gift is intended for: ☐ Current Use - or - ☐ Endowed Fund

I/We wish to direct the gift to the following area: _____

☐ Enclosed is my check made payable to: **UC Regents or UC Davis Foundation** Check # _____

☐ Please charge my credit card (circle one): Visa Mastercard Discover American Express

\$ _____ dollars

Credit Card Number: _____ Name on Card: _____

Expiration Date: _____ Billing Zip: _____ Signature: _____