



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: _____

If this is a Gift-in-Kind:

Item(s) Description: _____

Quantity: _____ Value: _____

Donor Signature(s): _____

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

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

MAIL FORM TO:
UC Davis MIND Institute
Attn: Erin Roseborough
2825 50th Street, Room 1341
Sacramento, CA 95827