

This form must be hand-delivered to the CSUN Foundation.  
Attach original supporting documentation, copies of other correspondence and envelopes.

**Pay Method:**  Cash  Check  Credit Card  Securities (One form per pay method)

**DONOR INFORMATION**

Donor(s) \_\_\_\_\_  Anonymous  Do not solicit

Organization Contact \_\_\_\_\_ (needed for organization donations)

Receipt should  Address attached  
be sent to:  To the following address: Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**GIFT INFORMATION**

Tribute Gift  In Honor  In Memory Of (Name) \_\_\_\_\_

Link to Proposal? Proposal Name \_\_\_\_\_

Special Handling:

**FUND INFORMATION**

Gift Amount	Fund Name	Fund ID

Did the constituent(s) receive any benefits in exchange for this payment?  No  Yes, Indicate Value \_\_\_\_\_

Description of Benefits:  
\_\_\_\_\_

Contact Person for Questions: Name \_\_\_\_\_ Extension \_\_\_\_\_

**FOUNDATION USE ONLY**

\_\_\_\_\_  
Received By (Name) Signature Date