



MISSISSIPPI STATE UNIVERSITY™ FOUNDATION

GIFT TRANSMITTAL FORM

Form must accompany all charitable contributions to the MSU Foundation, Attn: Gift Administration, P. O. Box 6149, Mississippi State, MS 39762 or mailstop: 9520. For inquiries contact Lynn Durr at 325-8918.

DONOR INFORMATION

Donor Name (Individual or Organization):

Spouse/ Organization Contact Name:

Address: City: State: Zip:

Email address: Phone: (Bus.) (H) (C)

Employment information:

Will this gift be matched by employer? Yes No

Is this gift anonymous? Yes No

Is this gift in honor or memory of someone? If yes, please provide name of person:

In Honor In Memory

Next of kin and address for memorial gifts:

GIFT/DESIGNATION INFORMATION

MSU FOUNDATION OFFICE USE

Gift Amount:	Designation:
Gift Amount:	Designation:
Gift Amount:	Designation:

ID#

GT:

CC:

FORM PREPARED AND SUBMITTED FOR ACCEPTANCE BY

Department:

Box/Mailstop number:

Name of Preparer:

Phone Number:

Signature:

Date:

Name of Development Officer:

Signature:

Date: