

## UNIVERSITY ADVANCEMENT GIFT AGREEMENT WORKSHEET

**DONOR(S) NAME:** \_\_\_\_\_ **DONOR Contact Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **DONOR Contact Phone:** \_\_\_\_\_

\_\_\_\_\_ **DONOR Contact Email:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone/Cell:** \_\_\_\_\_ / \_\_\_\_\_

**Email:** \_\_\_\_\_

**PURPOSE OF GIFT:** *What the donor wants to accomplish by making the gift - e.g. honor or memorial, stimulate research, provide opportunities for students in financial need, attract the best students/faculty, develop a new program*

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**DESIGNATION:** *School, College or Center to receive funds (if applicable):*

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**NAME OF FUND (if applicable):** \_\_\_\_\_

**GIFT PROVISIONS:** *How the funds are to be used by NSU. e.g. professors, scholarships, equipment; for whom? how often? who decides? endowment? Criteria for selection - academic achievement, financial need*

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**AMOUNT OF THE GIFT:** \_\_\_\_\_

**HOW THE GIFT WILL BE FUNDED:** *e.g. paid all at once; payment schedule; assets to be used*

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**OTHER PROVISIONS TO BE MONITORED:** *e.g. selection process; NSU reporting requirements, public/Fellows recognition preferences*

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**STAFF CONTACT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_