



Revenue Transmittal

Legal Constituent Details

Full Name: _____ PID: _____

Address (if new donor or updated information): _____

Recognition Credit Details

Full Name: _____ PID: _____

Address (if new donor or updated information): _____

Relationship to Legal Donor: _____

Full Name: _____ PID: _____

Address (if new donor or updated information): _____

Relationship to Legal Donor: _____

Revenue Details

Check Cash Credit Card (enter information below)

Designation #	Designation Name	Revenue Amount	Benefit Amount	Appeal Code	Pledge Payment Y/N

*Total Gift Amount: \$ _____

Total Revenue Amount: \$ _____

*Gift amount = revenue amount – benefit. If no benefit, gift amount = revenue amount. Gift amount is tax deductible.

This donor wishes to remain anonymous. A matching gift form is attached to this transmittal.

Tribute Details

In Memory Of In Honor Of On Occasion Of In Recognition Of

Tributee Name: _____ PID: _____

Address (if new or updated info): _____

Acknowledgee: _____ PID: _____

Address (if new or updated info): _____

Submitted By: _____ Date: _____

Please submit gift, transmittal, and any related documents to the Medical Foundation gift processing department.

Credit Card Information

Name (as it appears on card): _____ Visa MasterCard
 Discover AMEX

Card Number: _____ Expiration Date: _____