

INSTRUCTIONS FOR STONY BROOK FOUNDATION GIFT DEPOSIT FORM

1. **Donor Information:** The donor's complete name and address should be entered in this area, with the city, state and zip code. If the donor is a company, a contact person's name and business title should also be included. Do not use abbreviations in the name or street address. This information is required to properly acknowledge the donor's gift. Check box provided if donor wishes to remain anonymous. **NOTE: Advancement officers should include the Raisers Edge donor ID# in the space provided**
2. **Means of Donation:** Please check appropriate box for the method of payment. If donation is a stock gift or gift-in-kind, please contact Advancement office for further instructions. Gifts received in the form of cash and checks can be submitted on one gift form (limited to 20 transactions). Gifts received in the form of credit card transactions should be on a separate gift form and subtotaled by credit card type i.e. American Express, Discover, and Visa/MasterCard (limited to 10 transactions).
3. **Type of Gift:** Please check appropriate box if gift is Memorial, honorary or a matching gift. Note, for memorial/honorary gifts, indicate in space provided the individual who is being memorialized or honored. If the donor has requested that a relative of deceased or honoree be notified, include relative's name and address in space provided.
4. **Purpose of Gift:** Include a description or donor restrictions on the purpose of the gift and attach supporting documentation, i.e. donor letter, donor agreements or grant proposal.
5. **Account Number:** Enter the six-digit People Soft general ledger account number to which the gift should be deposited. **NOTE: If the gift is split between multiple accounts, please add the second account and number to the purpose of gift section.**
6. **Account Title:** The title of the account to which the deposit will be applied.
7. **Total Amount Deposited:** The sum of the gift/s to be deposited into the SBF account should be entered in this area. Please limit the number of donor cash and checks to 20 transactions and 10 transactions for credit card deposits per gift transmittal form.
8. **Date Gift Received:** Enter the date the gift was received in your area.
9. **Department Contact Name:** Person for which SBF may contact if additional information is required regarding this transaction.
10. **Campus Phone Number:** The phone number of the contact person.
11. **Authorized Account Signatory/Advancement Officer:** The signature of the authorized signor or area advancement officer is required.
12. **SBF Business Office and Advancement Officer Use:** Advancement Officers should include *Campaign, Appeal and Package* in this area.



Stony Brook Foundation

Notes:

(1) Any gift received by a University of Stony Brook Department or Program should be forwarded upon receipt to the Stony Brook Foundation Business Office, 230 Administration Building, Z=1188. A SBF Gift Deposit Form must accompany each deposit in order to ensure the proper account is credited. Checks for deposit into a SBF account should be made payable to "Stony Brook Foundation, Inc.", or be so endorsed.

(2) **SBF Policy on Returned Checks:** Any check returned by the bank to SBF for uncollected funds, revenue credited to the account will be reversed, and a returned check charge of \$15.00 will be debited to the account. It is the responsibility of the Account Director to collect the unpaid funds as well as any reimbursement of the returned check penalty.



**Stony Brook
Foundation**

**STONY BROOK FOUNDATION, INC.
Gift Deposit Form**

INDIVIDUAL DONOR INFORMATION		ORGANIZATION DONOR INFORMATION	
Raiser Edge ID#: _____		Raiser Edge ID#: _____	
Constituent code: _____		Constituent code: _____	
Name(s): _____ 1		Organization Name: _____	
Street Address: _____		Street Address: _____	
City, State, Zip: _____		City, State, Zip: _____	
<input type="checkbox"/> Check if donor wants this gift to remain anonymous		Org. Contact Name: _____	
Give soft credit to: _____		Business Title: _____	
Relationship to donor: _____		Address (if different): _____	
IMPORTANT: Attach all donor correspondence. Documentation is required from the donor for all gifts over \$1,000.			
MEANS OF DONATION (please check category that is applicable):			
<input type="checkbox"/> Cash		<input type="checkbox"/> * Stock (_____ shares of _____ stock)	
<input type="checkbox"/> Check (check # _____) 2		<input type="checkbox"/> * Gift in-kind (non-cash items with dollar value)	
<input type="checkbox"/> Credit Card		<input type="checkbox"/> * Wire Transfer	
TYPES OF GIFTS (please check category that is applicable):			
<input type="checkbox"/> Memorial / <input type="checkbox"/> Honorary		<input type="checkbox"/> This Gift will be Matched	
In memory/honor of: _____ 3		Company that will match this gift _____	
Send notice of gift to the following:		<input type="checkbox"/> Matching Gift From Company	
_____		Match for _____'s gift (person's name)	
_____		<input type="checkbox"/> Pledge Payment (attach signed pledge form)	
_____		<input type="checkbox"/> Planned Gift (attach documentation from donor)	
<input type="checkbox"/> * Event/Sponsorship (attach event information and/or gift/premium amounts if applicable)			
PURPOSE OF GIFT (Please briefly explain the donor intent/gift use): 4			
SBF ACCOUNT # 5		ACCOUNT TITLE 6	
		\$ 7	
DATE GIFT REC'D 8		DEPT CONTACT NAME (please print): 9	
		CAMPUS PHONE # 10	
I certify that I have reviewed and approved these documents and that this gift is consistent with the donor's intent and is in compliance with the Foundations policies and procedures. Failure to follow these guidelines could result in my account privileges being revoked.			
ACCEPTED BY AUTHORIZED ACCOUNT SIGNATORY / ADVANCEMENT OFFICER			
Signature: _____ 11		Date Signed: _____	
For SBF Business Office & Advancement Officer Use Only			
Campaign: _____		Appeal: _____ 12	
Input by: _____		Package: _____	
Input Date: _____		RE Reference: _____	
* Please contact the SBF Business Office at 2-6536 for instructions. Important: PLEASE DO NOT STAPLE CHECKS TO FORM. Paper clip all checks / paperwork to this completed form and forward to SBF Business Office, 230 Administration Bldg., Z=1188. For inquires call SBF Business Office @ 632-6536 or Advancement Office @ 632-6300.			