IPFW Athletics Contribution Submission Form

All donations must be submitted the day they are received. Please complete this form in its entirety and submit to Athletics Business Manager or Director of Athletic Development.

PLEASE PRINT LEGIBLY.	Checks should be payable	to the IPFW Founda	tion.
Today's Date:	Person Submitting Donation:		
Donor (s) Contact Information	:		
Donor(s) Name:			
Organization's Name:	Org. Contact Person:		
Address:			
City:			
Home Phone:	Work Phone:	Email:	
Gift Information:			
Gift Amount:	Date R	eceived:	
Payment Type: ☐ Cash ☐ C	Check ☐ Credit Card	□ Pledge □ Other	
Please complete if credit card	contribution:		
Contribution Amount:	Credit Card	l Type: □ Visa □ l	MasterCard □ Discover
Credit Card #:	Expirat	ion Date (MM/YR): _	V-Code:
Name on Card (please print):			
Gift(s) Purpose and Designation	on: THIS SECTION MUS	ST BE COMPLETED)
The Donor intends for this gif	t to be designated for the f	ollowing purpose(s):	
☐ Mastodon Scholarsh	ip Fund (general athletic sch	olarship fund; replace	s Royal Dons)
☐ General Athletics Op	perational Support		
	dowment - Specify endown		
	ific sport – Specify sport:		
	s sport specific: Schola		
**If multiple gift designations a	pply, then please write the a	mount per designation	on the line above.
Signature of Person Submittir	ng Donation:		
FOR ATHLETICS BUSINES	S OFFICE USE ONLY		
Allocation Details: Fund	Cost Cer		Amt
Fund C	ost Center	Amt	
	ost Center	Amt	
Signature of Rusiness Manage	er or Designee		Date: