



**OFFICE OF ADVANCEMENT AND COMMUNITY RELATIONS
GIFT AGREEMENT SUMMARY FORM**

FUND NAME: _____

School, College or Center: _____

OA Designation Number: _____ **Activity Code:** _____

Date of Fully Executed Gift Agreement: _____

Endowment Account Number: _____ **Spendable Account Number:** _____

Donor(s) Name: _____

Donor(s) Type: (FRND, CORP, ALUM) _____

Business /Contact Name: _____

Address Type: _____

Address: _____

City, State, Zip: _____

Phone/Cell Phone: _____

Email: _____

Primary DONOR Contact/Position: _____

Gift Originator/Staff or Volunteer: _____

PRIMARY Staff Contact: _____

Endowment Purpose:

Summary of Agreement Provisions:

Donor Responsibilities/Dates:

NSU Responsibilities/Dates/Responsible Party:

PRIMARY STAFF Member Responsible For Direct Donor Communication:

Required Written or Oral Reports to the Donor/Dates/Source of Information:

Other Provisions to be Monitored:

**Important: A copy of the fully executed agreement MUST be sent to
Donor Relations and Stewardship**

Date sent: _____ *Signed:* _____