



NOVA SOUTHEASTERN
UNIVERSITY

**ADVANCEMENT AND COMMUNITY RELATIONS
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*

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

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*

AMOUNT OF THE GIFT: _____

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

OTHER PROVISIONS TO BE MONITORED: *e.g. selection process; NSU reporting requirements*

STAFF CONTACT: _____

DATE: _____