O UNIVERSITY OF **OREGON** | **Business Affairs**

Report of Cash Gift

(Send completed form to Financial Services, Thompson's University Center and retain copy in department)

Date of Gift	
Donor's Name	
Donor's Address (if company, include contact name)	
University Department/Program	
Research/Grant Related	If Yes, Project Name or Grant No.
Gift Amount	
Description of Gift	
Expected Use of Gift	
Foundation Equity or Name (if applicable)	
Department Index and Account Code	
Comments	
Gift Received By	

Prepared by

_____   _____
Name   Phone

_____   _____
Signature   Date

Unit Administrator

_____   _____
Name   Phone

_____   _____
Signature   Date