



UNIVERSITY of
NEW ORLEANS
Foundations

Credit Card Deposit Transmittal

Department _____ Account Number _____ Date _____

1. Contributions are payments to the Foundation where no goods or services are received in exchange.
2. Other Revenue is money received in exchange for goods or services, i.e. book sales, fees for services, tee shirts, etc.
3. Attach copies of all correspondence received from donors and any other supporting documents.
4. Each gift must be listed individually.
5. Contributions of \$25 or more will be acknowledged by the Office of Development unless we are otherwise notified. Please be sure to list contact name and address if not in supporting materials. **This is especially important for corporate or foundation contributions.**
6. Please be specific in describing the "Purpose" of the Other Revenue.
7. This form should be hand delivered to UNO Foundation, ATC Building in the Research Park, Suite 420. It **should not** be emailed or sent through campus mail for cardholder security purposes.

Payment Information

This deposit contains only: Contributions OR Other Revenue

Payee/Donor Name _____ Amount _____

Purpose _____

Donor Contact information _____

Donor Email (required) _____

Cardholder Information

Name on Card _____ Billing Address _____

Credit Card Number _____

Card Validation Number (3-4 digits) _____ Expiration Date _____ / _____

- Method of receiving charge authorization Person Present
 Telephone Order/Request
 Mail Order/Request

Cardholder Signature Authorizing Charge (if available) _____

Prepared by _____ Extension _____