

FOR SECURITY REASONS:
 Supplemental documentation provided
 or credit card information filled out by
 hand not both. Fax to the Foundation
 secure fax 682-5944.

University of Nevada, Reno Foundation

Transmittal Form - **Credit Cards ONLY!**

*****Fees and Other Income Only*****

-DO NOT SEND CASH IN THE MAIL-

Submitted by: _____
 (Include Mail Stop)

Fund Name: _____

Worktag: _____
 (Required if no Fund)

Phone #: _____

Fund: _____

TOTAL DEPOSIT: _____

NAME AND COMPANY NAME AS APPEARS ON CREDIT CARD	CREDIT CARD NUMBER (See Security info, top of Page)	CREDIT CARD	CVC	CC BILLING ADDRESS	EXP. DATE	AMOUNT

Description of Fee:

*If you need assistance, call: 784-1587

Received By: _____ Date: _____ <p style="text-align: center;">For Foundation Use Only</p>
