

**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  
 \*\*\*GIFTS ONLY\*\*\*

-DO NOT SEND CASH IN THE MAIL-

-PLEASE ENCLOSE ALL ORIGINAL DONOR CORRESPONDENCE-

Submitted by:

DEPT: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone # or ext.: \_\_\_\_\_

Total: \_\_\_\_\_

Name on Credit Card	Billing Address of Credit Card (Required)	Fund or Worktag	Card Type	CC # (See Security info, top of page)	Exp. Date	CVC	Company Name	Solicitor	Amount

Special Instructions:

**FOR INTERNAL USE ONLY:**  
 Received by: \_\_\_\_\_  
 Date: \_\_\_\_\_