

Online Express Form Request *(Please return to kroening@uwosh.edu)*

Purpose of Form:

Requested by:

Date Needed:

This form will collect *(select all that apply)*:

Registrations & Other Non-Deductible Payments Sponsorships Donations

Fund(s) to be listed on form. If no choice, what fund should be used for deposits?

Allow other funds? Yes No

Will donors receive anything in return *(quid pro quo)*? Yes No Can they refuse benefits? Yes No

If *quid pro quo*, how will donors learn charitable value of their gift?

List the value of benefits here. The remaining portion is a charitable contribution.

Gift appeal to associate with this form:

Suggested Amounts: Standard (\$50/\$100/\$250/\$500/Other) Custom None

Pre-selected amount: Standard (\$100) Custom Allow other gift amounts: Yes No

Allow following option(s): In honor/memory of... Anonymous Gifts Recurring Gifts

What other information do you need to collect?

Is this form tied to another form created by UMC? Yes No

Do you want to offer users the option of covering credit card fees? *(Suggested amts are required)* Yes No

Who should receive email notifications when payments/donations are received?