## **University of Notre Dame Gift Routing Form**

Attention: Development Office, 1100 Grace Hall

(No cover r Department/Institute:	nemorandı	ım or lette	r need be sen	t with this for	m)	
Source of Gift:						
Amount, or Description of Property:						
Date Received:					_	
Donor's Restrictions (attach co	py of done	or letter):				
Proposed Use by Recipient:						
	*Fund (6)	*Org (5)	*Account(5)	*Program(5)	Activity(5)	Location(4)
Proposed <b>FOAPAL</b>	ruiu (0)	Olg (3)	'Account(3)	rriogram(3)	Activity(3)	Location(4)
New Restricted Account Need	_	fields for d Yes	lata entry (#) id	dentifies the lea	ngth of num	ber -
Account Administrator for Nev	w Restrice	d Account				
Please enclose a copy of the acbeen acknowledged, or if you	_			_		ow:
Originator of this Form:				Date		_
Signatures						_
Chair/Dept. Head:				Date		_
Comments:						_
Dean/Vice President				Date		_
Comments						_
University Relations Commen	<del>t</del>					