

The following PDF form should be attached to KSUF-1 Contribution Transmittal Form when there are benefits received by the donor in exchange for the contribution.

This PDF form is a FILL-IN form that can be used either with Adobe Reader or with Adobe Professional.

If you open the PDF form with Adobe Reader, you will be able to save the blank form for future use, fill-in requested data, print the form, and save the form with filled in data.

You can save the commonly used data (i.e. fund #, fund name, contact information) as a template in order to streamline the preparation of transmittal forms.

If you have access to Adobe Professional, you can customize the form for your college with a drop-down box listing the most used Fund numbers and Fund names.

1800 Kimball Avenue, Suite 200
Manhattan, Kansas 66502-3373
785-775-2000 · www.ksufoundation.org

Date

Fund #

Fund Name

INSTRUCTIONS:

1. KSUF-1 Contributions Form is required to be attached. **If the value of the benefit exceeds or is equal to the amount paid, use the KSUF-4 (Non-contribution and Donor will not receive a tax receipt).**
2. Attach this form (KSUF-3) when the donor has made a gift and also received some benefits (FMV = Fair Market Value).
3. If you have an EXCEL spreadsheet designed that provides similar information as this form, you may use it in lieu of KSUF-3.
4. If the donor's address is on their check, then you only need to complete the Donor name. Otherwise, please provide address.
5. Please attach a copy of any communication information that was provided to the donor (e.g. Invitation, brochure, copy of e-mail)

Benefits Received

Complete this section with the total paid and the total benefits received. For example, the department sponsors a Fundraising Event where a participant has the choice of entering a golf tournament, attending different social activities and/or participating in a variety of sponsorship activities. Please provide a copy of the literature provided to participants.

Name of Event

Donor Name/Address	Donor ID (if available)	Amount Paid	FMV of Benefits	Description of Benefits
Pg 2 subtotal		<input type="text"/>		
Grand total		<input type="text"/>	Total should agree with the amount on attached KSUF-1. It should also agree to the money/credit cards attached.	

PAGE 2 is available for overflow information

FOR AUDIT PURPOSES

- 1). Please attach copies of all correspondence relative to the deposit.
- 2). Please review all checks to verify that the **dollar** amount and **written** amount are in agreement.
- 3). KSU Foundation cannot accept funds if they involve contract deliverables, fees-for-services, proprietary research, DCE or sales of State property.
- 4). All deposits and attachments will be imaged. Paper copies are retained for three months, then shredded.
- 5). Credit Card information will only be retained for the period necessary to ensure proper collection of funds.

CONTACT INFORMATION

Name:

Dept:

PH Number

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Benefits Received - Section 2-overflow

Donor Name/Address	Donor ID (if available)	Amount Paid	FMV of Benefits	Description of Benefits
Pg 2 subtotal				