

## Gift Transmittal Form

\_\_\_\_\_  
Donor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Phone: \_\_\_\_\_  Home  Mobile  Business

Email: \_\_\_\_\_  Personal  Business

This gift is  in memory of  in honor of:

Name: \_\_\_\_\_

Please notify the following of this donation (the gift amount will not be shared):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Comments: \_\_\_\_\_

### Donation Information:

Amount: \$ \_\_\_\_\_

Enclosed is a check payable to the **University of Nebraska Foundation**.  
OR

Visit [nebraskamed.com/giving](http://nebraskamed.com/giving) anytime to make a secure gift online.

#### Please return to:

University of Nebraska Foundation  
Attn: Gift Processing  
1010 Lincoln Mall, Suite 300  
Lincoln, Nebraska 68508

#### Questions?

Call us at 402-458-1272.

### For internal use only:

#### Nebraska Medicine:

Staff name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### University of Nebraska Foundation:

Staff name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

By providing a gift to support Nebraska Medicine, you are joining us in a commitment to improve patient lives.

Your gifts support medical breakthroughs, clinical trials and patient services. In short, you allow us to provide serious medicine and extraordinary care to all patients.

With your partnership, we will ensure that the most urgent needs throughout Nebraska Medicine can be met.

Thank you for your support.

### Designation:

- Patient and Family Experience Fund (01145260)
- Oncology Patient and Family Experience Fund (01145280)
- Transplant Excellence Fund (01144620)
- Child Life Impact Fund (01145270)
- Heart and Vascular Excellence Fund (01144640)
- Neurology Clinical Excellence Fund (01145250)
- Excellence Fund (01145230)
- Nursing Development Fund (01147100)
- Other: \_\_\_\_\_