



# NEW ACCOUNT REQUEST FORM

This form should be used to establish a new account/project within University Foundations

Please complete and remit this form to Elizabeth Kovalchek (777-6684) at BrockEA@email.sc.edu and Lindsey Fisher (777-1826) at LFisher@mailbox.sc.edu

### PREPARER INFORMATION:

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

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

Phone: \_\_\_\_\_

**\*Please Note:** An *approved* Draft Gift Agreement must accompany this form

### ACCOUNT INFORMATION:

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

Account Type: \_\_\_\_\_  
(ie: Scholarship, General, Fellowship, Research, Chair/Professorship, etc)

Gift Purpose: \_\_\_\_\_

College/Unit: \_\_\_\_\_

Account Departmental Contact Name: \_\_\_\_\_

Account Departmental Contact Millennium ID: \_\_\_\_\_

Endowment Classification:	Unendowed	There are no intentions of ever endowing this project
	Endowed	The project will be endowed when the fully executed gift agreement has been received and the funds have reached the required endowment level

Amount Ready to Deposit into Account: \_\_\_\_\_

If no money has been received, when do you anticipate the first deposit? \_\_\_\_\_

Will funding for this project be *predominantly* generated by fundraising events?      YES      NO

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

Donor Millennium ID: \_\_\_\_\_  
(If the Donor is deceased, please specify who should receive donor letters.)

### FOR FOUNDATION USE ONLY

Account Number Assigned: \_\_\_\_\_ Date: \_\_\_\_\_