



PHILANTHROPIC FOUNDATION

# COVID-19 Gift Modification/Refund Request

T: 657-278-2786 F: 657-278-7666 <http://foundation.fullerton.edu>

Preparer's Name: \_\_\_\_\_ Extension: \_\_\_\_\_

Department/Unit: \_\_\_\_\_ Appeal Code: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

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

## DONOR INFORMATION

RE ID: \_\_\_\_\_ RE Receipt Number: \_\_\_\_\_

Guest's/Donor's First/Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## GIFT MODIFICATION *(A separate spreadsheet with donor & gift mod info may be attached. Supporting documentation required.)*

Change Premium (6517) to Gift (6507)       Change Allocation (Acct#)       Other: \_\_\_\_\_

Change Acct/Object Code From	Change Acct/Object Code To	Amount

## REFUND INFORMATION *(Must be completed per individual refund. Supporting documentation required.)*

Transaction Date: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Total Amount Paid: \_\_\_\_\_

Refund Allocation:	Gift (6507) Amount	Premium (6517) Amount	Non-Gift (6500) Amount	Total Refund Amount

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

Requester's (Event Host) Name \_\_\_\_\_ Requester's (Event Host) Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Signer's Name \_\_\_\_\_ Account Signer's Signature \_\_\_\_\_ Date \_\_\_\_\_

### CSFPF USE ONLY:

### ADVANCEMENT SERVICES USE ONLY:

		Reference Number:	
Date Received	Date Authorized	Processed By:	
Authorized By:		Notes:	