

NEW ACCOUNT REQUEST FORM

This form is used by USC Advancement Services to establish a new account (project) in CRM. Please complete and remit this form to Amie Schaffer (777-8340) at rischbia@mailbox.sc.edu.

		PREPARER INFORMATION: Date:
		Name:
		Phone:
		*Please Note: An approved Draft Gift Agreement must accompany this form.
ACCOUNT (PROJECT) INFORMA Account Name:	ATION:	
Account Type:(Required)		
Account Type 2: (Optional)		
College/Unit: Department:		
Endowment Classification:	Unendowed	There are no intentions of ever endowing this project
	Endowed	The project will be endowed when the fully executed gift agreemen has been received and the funds have reached the required endowment level
Amount Ready to Deposit int	o Account:	
If no money has been when do you anticipated deposit?		
Will funding for this project t	ne <i>predominantly</i> genera	ated by fundraising events? YES NO
Donor Name:		
Donor CRM ID:		
	(If the Donor is deceased, ple	ease specify who should receive donor letters.)
	FOR FOU	NDATION USE ONLY
Project ID Assigned:		Date:
	4027.0	C. L. L.: CC 20200