

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) INFORMATIO	ON:	
Account Name:		
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 into A	ccount:	
If no money has been rece when do you anticipate the deposit?		
Will funding for this project be p	predominantly generat	ted by fundraising events? YES NO
Donor Name:		
Donor CRM ID:		
	he Donor is deceased, plea	ase specify who should receive donor letters.)
Project ID Assigned:		NDATION USE ONLY Date: