

GIFT & PLEDGE ADJUSTMENT FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Donor Information:** | | | | | | | | | | | | | | |
| Donor Name | |  | | | | | | | Banner ID | | | | | |
| **Requester Information:** | | | | | | | | | | | | | | |
| Requested By | |  | | | | | | | Request Date | | | | | |
| Department | |  | | | | | | | Phone Number | | | | | |
| **CURRENT GIFT INFORMATION:** | | | | | | | **CURRENT PLEDGE INFORMATION:** | | | | | | | |
| Request a Gift Adjustment | | | | | | | Request a Pledge Adjustment | | | | | | | |
| Gift Number | | |  | | | | Pledge Number | | | |  | | | |
| Gift Date | | |  | | | | Original Pledge Date | | | |  | | | |
| Total Amount of the Gift | | | $ | | | | Total Amount of the Pledge | | | | $ | | | |
| Designation |  | | $ | | | | Designation |  | | | $ | | | |
| Designation |  | | $ | | | | Designation |  | | | $ | | | |
| **adjustment requested:** | | | | | | | **Adjustment REQUESTED:** | | | | | | | |
| **VOID & Post** to correct Banner ID: | | | | | | | **VOID & Post** to correct Banner ID: | | | | | | | |
| Make payment on \*Pledge Number:  \**Provide the pledge number* | | | | | | | VOID  CANCEL  MARK PAID  \*REDUCE  \**Enter NEW pledge total in the Adjust Pledge Amount section* | | | | | | | |
| Extend SOFT CREDIT to Banner ID: | | | | | | | Extend SOFT CREDIT to Banner ID: | | | | | | | |
| Adjust GIFT **AMOUNT** to: $ | | | | | | | Adjust PLEDGE **AMOUNT** to: $ | | | | | | | |
| Adjust GIFT **DATE** to: | | | | | | | Adjust PLEDGE **DATE** to: | | | | | | | |
| Adjust GIFT **TYPE** to: | | | | | | | Adjust PLEDGE **TYPE** to: | | | | | | | |
| Adjust **DESIGNATION** to: | | | |  | $ | | Adjust **DESIGNATION** to: | | | | |  | | $ |
| Adjust **DESIGNATION** to: | | | |  | $ | | Adjust **DESIGNATION** to: | | | | |  | | $ |
| Other: **MUST complete comment section** | | | | | | | Other: **MUST complete comment section** | | | | | | | |
| **Adjustment Comments:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Advancement Services Department Use ONLY** | | | | | | | | | | | | | | |
| **Advancement Services Manager Approval Signature** | | | | | |  | | | | **Date** | | |  | |
| **Advancement Services Giving Specialist Signature** | | | | | |  | | | | **Date** | | |  | |

Submit completed form to: **KSU Foundation**

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