



**Donor Relations Partners – Gift Activity Reports Recipients**

**Please complete this form to designate the recipient(s) of the Gift Activity Reports.**

**All recipients must complete an annual confidentiality statement.**

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

**Senior Leadership**

Dean/VP: \_\_\_\_\_

Email: \_\_\_\_\_

Approval Signature: \_\_\_\_\_

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

**Donor Relations Partners Designee:**

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

Email: \_\_\_\_\_

**Alternate Designee (if any)** \_\_\_\_\_

Email: \_\_\_\_\_

**Alternate Designee (if any)** \_\_\_\_\_

Email: \_\_\_\_\_

Submit form to [IDS@augusta.edu](mailto:IDS@augusta.edu)

For questions contact:

Michael Dotson  
Senior Director of Information & Data Services  
[midotson@augusta.edu](mailto:midotson@augusta.edu) | 706-721-0063