

Winthrop University Foundation  
302 Tillman Hall  
Rock Hill, SC 29733

**Transfer to Winthrop University (WUF-U)**

Fund #: \_\_\_\_\_

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

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

State the detail criteria, as specified by the donor, for the use of the above fund.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Winthrop University Account # to be used: \_\_\_\_\_

Purpose of that account: \_\_\_\_\_

As the administrator of the fund mentioned above, I certify that the monies being transferred to a Winthrop University account are to be used in compliance with the donor's wishes.

Fund Administrator's Name: \_\_\_\_\_  
(Printed)

Fund Administrator's Signature: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Note: This form must be signed and submitted with a disbursement request (WUF-D)**