

Winthrop University Foundation
683 Oakland Avenue
Sykes House
Rock Hill, SC 29733

Transfer to Winthrop University (WUF-U)

Date:

Fund #:

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 or typed):

Fund Administrator's Signature: _____

Prepared by:

Phone #:

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