

**THE A&M SYSTEM HEALTH SCIENCE CENTER
Gift Account Information Form**

A gift account will not be established in FAMIS until this form is completed and attached to the Request for New Account Form. Please place this form on your departmental letterhead and return to MS1361.

Account Name _____

Donor (Primary) _____

College _____ Department _____

Dept. Code _____ Sub-Dept Code (If any) _____ Mail Stop _____

Indicate below the type of activity this account is intended to support and any donor restrictions on it, e.g., unrestricted to college or restricted to department, student financial aid, faculty and staff research facilities, etc. **Please note that the donor correspondence indicating purpose of gift is required and should be attached.**

Purpose of Account _____

IF THIS GIFT INVOLVES RESEARCH ACTIVITIES, PLEASE CERTIFY THE FOLLOWING:

This gift is accepted with the understanding that the HSC recipient(s) are aware of the scope of the research to be conducted. These funds are bestowed voluntarily by the donor and are not subject to a contract or with the expectation of any tangible compensation.

Department Head	Date	Dean/Director of Unit	Date
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If this gift involves compliance requirements, please circle item(s) that apply: Human Subjects, Laboratory Animals, Recombinant DNA, Biohazards, Radioactive Materials, or Conflict of Interest Issues.

The required reviews should be completed and appropriate compliance documents filed before research begins.

Requested By:
Department Head Signature _____ Date _____ Ext. _____

Dean/Director of Unit _____ Date _____ Ext. _____

Name of Department Contact _____ Date _____ Ext. _____