

Donation Deposit Form

Please type or print and complete form in ink. Include the Deposit Form with cash, checks, and credit card information. Incomplete information may result in a delay of crediting funds to your account. For cash donations, please complete a separate Cash Donor Information form.

Date:	Si	ımmary:			
Account Name:		Cash Checks Credit Cards*			
Account Number:					
Department + Zip:	Cred				
Contact Person:		Total			
Contact Phone:	* Attach	* Attach original card holder authorizations			
Type of Deposit (pl					
☐ Donations	A voluntary gift or, contribution where the donor receives nothing of material value in return such as fundraising gift, response to alumni newsletter solicitation, etc.				
Please describe and attach documentation if available:					
State donor conditions/restrictions if applicable:					
••					
☐ Non-donation	Receipt of fees from philanthropic-related events such as college ba memberships, auction items, raffles, Tower Award, etc.	nquets, athletic activities,			
Please describe and attach documentation of activity:					
Submit to: Advancement Services Clark Hall, 3rd Floor, Extended Zip 0184 Phone: 924-1799					



Deposit Summary

Cash Donor Information (Required to generate donor receipts)

INDIVIDUAL'S NAME	ADDRESS		TELEPHONE	AMOUNT
CORPORATION NAME	ADDRESS	TELEPHONE	PRIMARY CONTACT	AMOUNT
_	_			
FOUNDATION NAME	ADDRESS	TELEPHONE	PRIMARY CONTACT	AMOUNT
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ORGANIZATION NAME	ADDRESS	TELEPHONE	PRIMARY CONTACT	AMOUNT
			Total Cash This Page	