



# VSU FOUNDATION DEPOSIT REQUEST FORM

Return completed request and documentation to Advancement Services.

Date: \_\_\_\_\_ Event Name: \_\_\_\_\_ Division/Organization Making Deposit \_\_\_\_\_ Point of Contact for Division/Organization \_\_\_\_\_

Name of Person Making Deposit \_\_\_\_\_ Telephone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For VSUF Use Only**

Name of person receiving and verifying deposit (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Enclosed, Please Find the Following Funds:**

Loose Coins \_\_\_\_\_ Currency \_\_\_\_\_ Checks with Adding Machine Tape Attached \_\_\_\_\_ Total Funds Deposited \_\_\_\_\_

**Please Credit the Following Accounts:**

FOR GIFTS ONLY: Please provide Donor Name, POC, and Donor Address for recording purposes

RE Fund Name	RE Fund Number	Total Amount	Tax Recpt. Amount	Benefit Amount	Donor/Business/Organization Name or RE Constituent ID Number	Point of Contact	Donor/Business/Organization Address
		\$	\$	\$			
		\$	\$	\$			
		\$	\$	\$			
		\$	\$	\$			
		\$	\$	\$			
		\$	\$	\$			
		\$	\$	\$			
		\$	\$	\$			
		\$	Total amount to be credited to accounts (Amount should be equal to total funds deposited above) or total amount on page 1				

All other revenue such as money from fees, ticket sales and fundraising events, that are not already in the event module, do not need a donor's name and address, and may be grouped together according to account number. Only individual donations require itemization including name, POC, and address. If more than 10 total gift/deposit transactions are needed, total page 1 here and continue deposit on page 2. Duplication page 2 as needed.



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		\$	\$	\$			
		\$	\$	\$			
		\$	\$	\$			
		\$	Total amount to be credited to accounts (Amount should be equal to total funds deposited on page 1) or total amount on this page				