

Gift Processing Deposit Form

*Date: _____

*Department: _____

*Event/Program Title: _____

*Gift Index #
(Or Fund Name if Index # unknown): _____

*Contact Person: _____

*Event/Program Charge per Person: _____

*Gift Portion: _____

*Non-Gift Portion: _____

Non-Gift Index (If Different From Above) _____

If applicable, attach list of deposit items to this sheet with a breakdown of gift and non-gift portions of the donations. If your program/event has more than one giving level breakdown, please include that information as well.

*Total Deposit Amount: _____

***As a representative of my Department, I certify that the information on this form is accurate and complete. I approve the deposit amount as listed above when it left the Department's possession.**

Signature of Department Representative

Date

The asterisk denotes a required field. Failure to complete all fields marked with the (*) will result in the **REJECTION AND RETURN of your deposit by the University Advancement Department until completed properly.*

If you find this form insufficient for your event needs or have questions, please contact the Advancement Services office at x5916.

For Non-Gift Deposit Only (Advancement Office Use)	
Date Entered:	_____
Index & Acct #s:	_____
Cash Receipt #	_____
Description:	_____

For University Department Use	
Department Approval: (Count)	_____ <i>Initial</i>
For University Advancement Office Use	
Advancement Office: (Approval)	_____ <i>Initial</i>
Gift Processor: (Approval)	_____ <i>Initial</i>