

DEPOSIT FORM

Deposit Information

	Date:			FUNI
	Submitted by:	Ext:		
	Department:	College	:	
Dono	or Information			
	Donor Name:			
	Address:			
	City:	State:		Zip:
	Phone:	Email:		
Payn	nent Information			
	Amount:	Cash	Check	Credit Card
	Credit Card: Name on Card: Card #:	Type of Card: Expiration:		CVC#
Prog	ram Information			
	Program Fund:	Account #:		
	I confirm that no goods or services were given in exchange for this gift.			
	Purpose of Donation:			
Any documentation from the donor or about the donation (including solicitation letter) must be included with the deposit. Please send all deposits to FGCC in Building 38H at the Grossmont campus.				

SF:

Aux:

Updated: 3/15/2015

Foundation Use Only

Received By: