

DEPOSIT FORM

Deposit Information

| Date: | | FUNI |
|---|------------------------------|----------------------------|
| Submitted by: | Ext: | |
| Department: | College: | |
| Donor Information | | |
| Donor Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Email: | |
| Payment Information | | |
| Amount: | Cash Check | Credit Card |
| Credit Card: Name on Card: Card #: | Type of Card: Expiration: | CVC# |
| Program Information | | |
| Program Fund: | Account #: | |
| I confirm that no goods or se | rvices were given in exchang | ge for this gift. |
| Purpose of Donation: | | |
| | | |
| | | |
| | | |
| Any documentation from the donor or about the donation Please send all deposits to FGCC in Building 38H at the | | included with the deposit. |

SF:

Aux:

Updated: 9/27/2016

Foundation Use Only

Received By: