

Multiple Deposit Form



Deposit Date:

Depositor:

Phone Number:

Received Date:
(For internal use only)

Received by:

New Donor?	Advance ID / CWID	Name / Company	Account #	Account Name	Deposit Type (Gift/Non-Gift/Pledge)	Total Deposit	Benefit Amount	Check #	Appeal #	Proposal #	Pledge #
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<input type="checkbox"/>					<input type="text"/>						

For new donors, please provide required additional information (address, phone, etc.)

Comments: