

T: 657-278-2786 F: 657-278-7666 <http://foundation.fullerton.edu>

This form is used to deposit gift and non-gift related funds to a Foundation Account. All individuals collecting monies on behalf of the Foundation must deposit the funds within **five (5) business days** of receipt. Please provide details and supporting documentation with the deposit form, and submit to Gift Processing in CP-850.

PREPARER'S INFORMATION

Preparer's Name: _____ Phone/Ext.: _____ Date: _____

DEPOSIT INFORMATION

Deposit Type: _____ Deposit Amount: _____ Benefit Value: _____

Collection Method: _____ Payment Method: _____ #: _____
(provide check #)

Card #: _____ Exp. Date: _____ Sec. Code: _____
(Pre PCI DSS compliance, card # **MUST** be written in, **NOT** typed.)

Name on Card: _____ Card Type: Personal Company
(if different from Entity Name below)

Card Address: _____

Acct #: _____ Acct Name: _____ New Foundation Acct (attach New Account Form)

ENTITY INFORMATION

Entity/Donor Name: _____ RE ID #: _____ New RE ID
(if applicable)

Address (if different in RE): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

GIFT INFORMATION

Pledge #: _____ Appeal ID: _____ Anonymous: _____ Opp. RE ID: _____
(if different from ID above)

Opportunity Name: _____

In Memory - Credit RE ID: _____ In Honor - Credit RE ID: _____

Soft Credit Name: _____ RE ID: _____ Affiliation: _____

Comments/Notes: _____

Staff Name for Gift Credit: _____ RE ID: _____

NON-GIFT INFORMATION

Supporting documentation is required for all non-gift deposits:

Non-Gift Type: _____ Detail Purpose: _____
(i.e. name of event, item(s) sold, reimbursement details, etc.)

Comment/Notes: _____

I acknowledge the deposit information above is complete and the necessary supporting documentation is attached for processing.

Gift Processing/CSFPF Use Only
Updated 4/21
Deposit Slip #: _____

Signature _____ Print Name & Title _____ Date _____