



# CALIFORNIA STATE UNIVERSITY, FULLERTON

Deposit Date: \_\_\_\_\_

Deposit Slip #: *Internal Use Only*

Depositor: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Donor Information:**

Gift	Non-Gift	New Pledge	Pledge Payment	Commitment	New Account
*Account Name/Number: _____					
* If New Account, completed Account Set-Up Form attached:					
Pledge Number: _____		Proposal Number: _____		Appeal Number: _____	
Cash	Check	Credit Card	Gift-In-Kind	Collection Method	
Total \$: _____	Benefit Value: _____	Check #: _____			
Advance ID Number: _____					
Entity Name: _____					
Address: _____					
_____					
Phone: _____					
Credit Card Number: _____					
Exp. Date: _____			Sec. Code: _____		
Credit Card Address: _____					
_____					
In Memory	In Memory Credit Advance ID: _____		In Honor	In Honor Credit Advance ID: _____	
Soft Credit	Soft Credit Advance ID: _____				
Soft Credit Name: _____					
Comments/Notes: _____					
_____					
Staff Credit Advance ID: _____					