

## **DEPOSIT FORM**

T: 657-278-2786 F: 657-278-7666 https://foundation.fullerton.edu

This form is used to deposit both gift and non-gift funds into a Foundation current operations account and/or a current endowment account. All collected funds must be deposited within **one (1) business day of receipt**, along with detailed information and supporting documentation. Please submit all documentation to Gift Processing at <a href="mailto:giftadmin@fullerton.edu">giftadmin@fullerton.edu</a> or deliver it to CP-850.

Preparer's Name:		Phone Ext.:			Date:
ENTITY INFORMATION					
Entity/Donor Name:		Constituent ID: (if applicable)			New Constituent
Address (if different in RE):					
Phone Type:Ph	none:	Email Type:		_ Email: _	
DEPOSIT INFORMATIO	N				
Deposit Type:	Deposit Amount:		Benefit Amount:		
Collection Method:	Payment Method: _				Check #:
Fund ID:	Fund Name:				
Clearing Account (9007	70) <mark>Reason for Cleari</mark> i	ng Account:			
CREDIT CARD TO B	E CHARGED				
Name on Card:		Card Billing Address:			
Card #:  (PerPCI SSC compliance, the card	number must be handwritten, <u>NOT</u> typed		occ. oodc	Oard	урс
GIFT INFORMATION  Depart would like to remain an	onymous.	Dener	would like to be	raggintad	
			would like to be receipted:		
Pledge Constituent ID:(If diff.	Pledge ID:		Appea	Il Code:	
Opportunity Constituent ID:	(If different from ID above)	Opportunity Name: _			
Soft credit will be recorded	ONLY when the affi	liation field is comp			
Soft Credit Name:		Soft Credit Constituent ID:	*Af	filiation:	e recorded <u>ONLY</u> when affiliation field is completed)
	Tribute	<del></del>	(REQUIR	ED: Soft credit will be	e recorded <u>ONLY</u> when affiliation field is completed)
Tribute Type:		: Nam	ne:		
Comments/Notes:					
NON-GIFT INFORMATION	ON <mark>(Supporting do</mark>	cumentation is requ	ired for all nor	n-gift depo	osits)
Non-Gift Type: Purpose of Non-Gift:	····				