

This form is used to deposit gift and non-gift-related funds to a Foundation Account. All monies collected must be deposited with detailed information and support documentation within **five (5) business days** of receipt. Submit documentation 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)

Clearing Account (90070)

Endowment Clearing Account (90017)

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

Donor would like to remain anonymous: _____ Donor would like to be receipted: _____

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

Opportunity Name: _____

Soft credit will not be recorded unless the affiliation field is completed:

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

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

Comments/Notes Regarding Gift: _____

NON-GIFT INFORMATION (Supporting documentation is **REQUIRED** for all non-gift deposits)

Non-Gift Type: _____ Purpose of Non-Gift: _____
(REQUIRED field for all non-gifts. Attach documentation to support the non-gift purpose.)

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

Gift Processing/CSFPF Use Only
Deposit Slip #: _____

Signature

Print Name & Title

Date