

AFFILIATE / DEPARTMENT DEPOSIT FORM

Please attach all correspondence from the donor and additional paperwork pertaining to any portion of this deposit. All checks must be payable to the **SOU Foundation**. Submit deposits for different departments, funds, and events on separate forms.

Date: _____
 Submitted by: _____
 Phone #: _____
 Department: _____

SOU Foundation / Dev. Office:

R'cvd by: _____
 R'cvd on: _____
 Deposit Amt. Confirmed: _____

Total Deposit Amount: \$ _____

Designation/ Fund: _____

Source Appeal/ Activity: _____

Deposit Breakdown: \$ _____ Personal check
 \$ _____ Corporate check (Please provide contact name(s) below)
 \$ _____ Credit card
 \$ _____ Cash (Please provide a cash breakout below)

NOTE: All Checks must be payable to the **SOU Foundation**.

Is any donor in this deposit receiving **benefits**? (Provide detail below) Yes No
Examples of benefits are tickets to an event/activity, apparel, advertising, etc. If you are unsure, please contact the Advancement Office for assistance in determining this.

Is any gift in this deposit **anonymous**? (Provide detail below) Yes No

Is **all accompanied paperwork** included in with this deposit? Yes No
Examples of paperwork are check stubs, copies of letters sent by donors, membership forms, event RSVPs, donation remit slips, etc.

Comments (including donor details or other donation notes):

Cash Breakout:

100's	=	50's	1
&0's	1	%0's	=
5's	1	%s	1
.25's	1	.10's	1
.05's	1	.01's	1
Other (Describe):			1

TOTAL _____