

FLORIDA ATLANTIC UNIVERSITY FOUNDATION DEPOSIT FORM

Date: _____ Project Number: _____ Project Name: _____

Total Deposit \$ _____ Receipt Amount (Gift Portion) if any : \$ _____

Expendable Portion, if any, for Deposits to Endowed Funds: _____

CONSTITUENT INFORMATION: ID# if known: _____

Individual: _____

Organization: _____

Name and Title of Organization Contact _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____ Phone: _____

THIS DEPOSIT IS:

Gift Pledge Pledge Payment Matching Gift Payment Bequest Grant Payment

Event Participation – Title: _____ Date(s) of event: _____

Service/Workshop/Program Participation - Title: _____ Date(s) of event: _____

Sponsorship – Level: _____ Event/Program: _____

Membership - Type: _____

Auction Purchase – Item: _____ Estimated Retail Value: \$ _____

Proceeds from merchandise sold (T-shirts, books, etc.): _____ Note that for every \$1.06 taken \$0.06 is FL sales tax.

Repayment of Promissory Note

Reimbursement for FAUF expense. Describe: _____

Other: _____

IF DEPOSIT INCLUDES A GIFT:

Soft credit for gift to be applied to another constituent? If yes, to whom?: _____

Gift will be matched by donor’s company – **Attach organization’s paperwork for Foundation to submit!**

Gift is in memory honor of: _____

Send Tribute Card to: _____

Address: _____

Additional Comments for Acknowledgment: _____

ASSET INFORMATION: Cash Receipt Check payable to FAU Foundation, Inc. Stocks/Bonds

Visa MasterCard Amex Acct #: _____ Exp Date: _____

Form Prepared by: _____ Phone: _____

Department: _____ Campus Address: _____

Delivered by: _____ Date: _____

Received by Foundation: _____ Date: _____

PLEASE ATTACH COPIES OF CHECK(S) AND RELATED DOCUMENTATION !