

DEPOSIT FORM – Please use Green Paper
Please Make a Copy For Your Records

Date: _____ Project Number: _____ Project Name: _____
 Total Deposit: \$ _____ Receipt Amount (Gift Portion) if any : \$ _____ **Expendable Portion, if any, for Deposits to Endowed Funds:** _____

Form Prepared by: _____	Phone: _____
Email address: _____	Campus Address: _____
Delivered by: _____	Date: _____
Received by Foundation: _____	Date: _____

CONSTITUENT INFORMATION: ID# if known: _____ email address: _____

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: _____

Proceeds from merchandise sold (T-shirts, books, etc.): _____ **Note: applicable sales tax will be paid on these items**

Cost of goods sold: \$ _____

Reimbursement for FAUF expense, describe: _____

Other: _____

Please note: Administrative fees: 8% charge to all non-gifts or 2.5% charge to all gifts and 3% credit card fee recovery

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 Discover Acct #: _____ Exp Date: _____

*** Please Cover Credit Card Number Before Making Your Copy ***

Name as it appears on the credit card _____

Revised: 05.16.19 **Please Only Use Green Paper**