

**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 for every \$1.06 taken, \$.06 FL sales tax is added

Cost of goods sold: \$ \_\_\_\_\_

Reimbursement for FAUF expense, describe: \_\_\_\_\_

Other: \_\_\_\_\_

**\*Please note: Administrative fees: 6% charge to all non gifts or 2.5% charge to all gifts\***

**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: 3.22.16      **Please Only Use Green Paper**