

DEPOSIT FORM

Please Make A Copy For Your Records
 Print on green paper; Type or block print only

Fund ID: _____ New Fund Fund Name: _____
 Appeal Code: _____ Proposal Name: FY _____

DONOR INFORMATION:

ID# or Z# (if known): _____ Email: _____
 Individual: Title: _____ Full Name: _____ Gender: M F N
 Organization Name: _____
 Name and Title of Organization Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Solicitor Credit: _____

PAYMENT INFORMATION:

Total Deposit: \$ _____ Receipt Amount (Gift Portion) if any: \$ _____
 For Endowed Funds: Amount to Endowment: \$ _____ Amount as Expendable: \$ _____
 Payment Type: Check # (payable to FAU Foundation, Inc): _____ Cash
 Credit Card: _____ **Process credit card donations at the following website <https://fauf.fau.edu/depositform>*

THIS DONATION/PAYMENT IS A:

Gift Pledge Payment Grant Payment Non-Gift
 Event Name: _____ Date of event: _____
 Sponsorship – Level: _____
 Membership Type: _____ Membership Name: _____
Non-Gift:
 Auction Purchase – Item: _____
 Service/Workshop/Program Participation – Title: _____ Date of event: _____
 Proceeds from merchandise sold (T-shirts, book, etc.): _____

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

 Other: _____

Administrative fees: 8% charge to all non-gifts, 5% charge to non-endowed gift, 2.5% charge to endowed gifts, & 3% credit card fee recovery

IF DONATION INCLUDES A GIFT:

Soft credit for gift: To whom: _____ ID#: _____ Relationship: _____
 Gift will be matched by donor's company – *Attach organization's paperwork for Foundation to submit!*
 Gift is in Memory Honor of: _____ Z#: _____
 Send Tribute Card to: _____ Relationship: _____
 Address: _____
 Donor agrees to share name and address with tributee or family Share name only

Additional Comments for Acknowledgement: _____

Form Prepared By: _____ Date: _____
 Phone: _____ Email: _____ College/Department: _____
 Delivered By: _____ Date Delivered: _____
 Received By: _____ Date Received: _____