



DONATION INFORMATION FORM

PROGRAM: _____

SUBMITTED BY: _____

PURPOSE: _____

DATE: _____

NAME/COMPANY	ADDRESS	E-MAIL	TELEPHONE	RECEIPT NO.	AMOUNT	CHECK	CASH
TOTAL					-		

**Attach this form along with a copy of all receipts (include voided receipts) to the Fiscal Services Deposit Slip.
 Fiscal Services will forward a copy to the Foundation Office for donation acknowledgement processing.**