



DONATION INFORMATION FORM

PROGRAM: _____
 PURPOSE: _____

SUBMITTED BY: _____
 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.