



AUGUSTA UNIVERSITY FOUNDATION

GIFT DEPOSIT FORM

Date: _____ Form Prepared By: _____

Department/Academic Unit: _____ Phone #: _____

Donor Name/Organization Name: _____

Organization Contact Name (if applicable): _____

Phone #: _____ Email address: _____

Mailing Address: _____

GIFT INFORMATION

Check Cash

Amount: _____ Solicitor: _____

Fund Number _____ Fund Name: _____

Please list any special instructions regarding the acknowledgement or the gift (i.e. soft credit, anonymous, etc.):

Were any goods or services received or exchanged relating to this donation (i.e. registration fees, exhibit fees, t-shirt, tournament entry fees, etc.)? Yes No

If yes, please list: _____

Please return completed form to Philanthropy & Alumni Engagement at Augusta University.

1120 15th Street, AD-1104, Augusta, GA 30912

giftprocessing@augusta.edu

(706)-721-4001

For Foundation Use Only:

Received by PAE Staff: _____ Date: _____

For Cash Deposits Only:

Fund #: _____ Cash Received: \$ _____ Date: _____

Received By: _____ Deposit Slip Received By: _____