



Donation Receipt Form For Deposit

Select Foundation: **ASUF** **GHSF** **Unsure**

To: ASUF/GHSF Gift Receiving Office Date: _____

Donor Name/Organization: _____

Organization Contact(Required w/Business)_____

Mailing Address:_____

Phone: _____ Email:_____

CONTRIBUTOR INFORMATION

Account # (If new, leave blank): _____ Unknown

Contributor Name: _____

Fund Account #: _____

Fund Name: _____

Amount: \$ _____ CHECK(s) CASH

Solicitor: _____

DONATION SPECIFICS

Please list any special instructions regarding the acknowledgement or the figt (i.e soft credit, split credit, etc.) and list check numbers if applicable.

For Gift Receiving Only:

Date Deposit Received: _____ Received by: _____

ATTACHMENT: YES NO

For Cash Receiving Only:

Fund # _____ Cash Amount _____ Date _____

Received:_____

ASUF

GHSF